

MAKE SMOKING HISTORY IN MASSACHUSETTS!

Mass Youth Against Tobacco* 2007-2008

*A Project of The Medical Foundation
Funded by the Massachusetts Tobacco Control Program,
Massachusetts Department of Public Health*

Request for Proposals

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* MYAT formerly known as the Youth Action Initiative

Request for Proposals

Mass Youth Against Tobacco Mini-Grants, 2007-2008

INTRODUCTION and PURPOSE

The Massachusetts Tobacco Control Program (MTCP) has experienced growth and change over the past several years. Funding is being restored to tobacco control efforts, and this year, MTCP aims to coordinate and strengthen their prevention work at the local and state levels. The Medical Foundation is continuing to work with MTCP to create opportunities for youth to get involved in tobacco prevention activities. The mini-grants for FY2008 aim to connect youth advocates and leaders with tobacco prevention efforts in communities, cities and towns across the state.

The youth tobacco prevention movement in Massachusetts – coordinated by Mass Youth Against Tobacco (MYAT) – is growing, and is centered on the concept of “the84”—the percent of youth who are not regular smokers in the state. Therefore, all MYAT’s efforts, including the mini-grants, aim to celebrate this fact and push that number even higher. Last year, about 650 youth were directly involved in the mini-grants. We hope this number increases even more this year!

Previously, mini-grant projects engaged more youth in raising community awareness around the effects of tobacco and tobacco advertising and generated excitement and enthusiasm for anti-tobacco advocacy. These youth also worked to shift social norms toward the idea that most youth do not smoke and are instead engaging in healthy and positive activities. This next grant cycle will intentionally connect youth efforts to existing MTCP contracts and prevention work in communities. Each of the mini-grant categories are also connected to important tobacco prevention goals listed by the Centers for Disease Control and Prevention (CDC) and the MTCP logic model.

GRANT CATEGORIES: OVERVIEW

In this 2008 grant cycle, there are THREE categories in which grants will be awarded. Groups, if eligible, may apply for more than one grant, but each group will only be awarded one grant. Additional RFPs for smaller grants will be released in September.

The three categories of grants are targeted toward specific groups, so please read Applications A, B and C carefully to see if you fit into the eligibility requirements and if you have the capacity to work on the project as outlined. Further description of the project areas as well as a list of specific expected deliverables is also available in each of the applications.

Grant Category 1: Taking on Tobacco – Integrating Tobacco into Substance Abuse Prevention Coalition Work

Cigarettes are known as the “gateway” drug, opening the way to other kinds of drug use and abuse. More attention is paid to alcohol abuse and illegal drug use, but it is essential to integrate tobacco control with other kinds of substance abuse prevention work. These mini-grant funds will enable community coalitions and organizations who are already working on tobacco and/ or other drugs to continue mobilizing their community around overall substance abuse prevention.

- 3-10 projects will be funded
- Funding Range: \$10,000-\$15,000
- Grant Period: Sept 1, 2007-June 1, 2008
- **See Application A for more information on eligibility, requirements and application materials.**

Grant Category 2: Mission: Tobacco Sales Impossible – Reducing Youth Access to Tobacco Products

Reducing youth access to tobacco products is a major goal for the Massachusetts Tobacco Control Program. Cigarettes and tobacco products are most prevalent and accessible in retail stores. Also, many retail clerks and owners are not aware of tobacco control policies and/ or experience extreme pressure from the tobacco industry. These mini-grant funds will enable young people to take the lead on educating retailers, raising awareness in their communities about youth and tobacco use and tobacco industry advertising, and working to reduce availability of tobacco among their own peers and younger kids.

- 3-10 projects will be funded
- Funding Range: \$7,500-\$12,000
- Grant Period: Sept 1, 2007-June 1, 2008
- **See Application B for more information on eligibility and requirements and application materials.**

Grant Category 3: Connecting for Change – Partnering Youth and CSI Demonstration Projects

Part of ensuring community-wide change on an issue is building partnerships and collaborations with all constituents who are affected by the issue. When it comes to smoking and tobacco use, youth are an important constituency who have passion and energy to work on advocating around smoking and tobacco use. These mini-grant funds will build connections between youth groups and community agencies and coalitions who are creating a plan to tackle the issue of tobacco control and prevention.

- 3-8 projects will be funded
- Funding Range: \$10,000-\$15,000
- Grant Period: Sept 1, 2007-June 1, 2008
- **See Application C for more information on eligibility, requirements and application materials.**

APPLICATION PROCEDURES

Mass Youth Against Tobacco mini-grant project ideas and applications should be collaboratively worked on by youth and adults. There are also two questions on each application that must specifically be written by youth. The following is a list of steps for filling out your application:

1. Before you start writing, verify the following:
 - Your group is or has a sponsoring organization that is a school, faith-based organization or 501(c)3 community-based agency. The sponsoring organization must be willing to assume fiscal responsibility for the funds awarded and is responsible for submitting the required reports.
 - There is an adult advisor/sponsor who works with and supports the youth group leading the project and acts as the adult contact for the project.
 - Your group has a young person who will act as a youth contact.
2. Decide which grant(s) your group would like to apply for (based on interest and ELIGIBILITY).
3. Make copies of the application forms you will use. The application will be available in PDF and Word formats on the website: www.makesmokinghistory.com.
4. Complete the entire application for the mini-grant that you are applying for (Application A, Application B, or Application C). The complete application for each mini-grant includes:
 - a. **Cover Sheet** (10 points) — Application pages A-1, B-1 or C-1 — either print it out and fill it in by hand or fill it out on an electronic version. Please use the form given and follow the instructions for completing the cover sheet.
 - b. **Project Narrative** (90 points) — Application pages A-2, B-2 or C-2 — make sure you are answering the questions required for your specific grant category. Please type this part on a separate document and ANSWER THE QUESTIONS explicitly. Please be sure to adhere to word counts!
 - c. **Budget Form** (10 points) — Applications A-3, B-3 or C-3.
5. Mail 1 original and 6 copies of the entire mini-grant package to The Medical Foundation, postmarked, no later than Wednesday, August 8, 2007:

The Medical Foundation
Attn: Joanna Matwiejczuk
95 Berkeley Street
Boston, MA 02116

CONTACT INFORMATION FOR FURTHER QUESTIONS

Brittany Chen, Project Associate
617-279-2240, x324
TTY: 617-451-0007
bchen@tmfnet.org

Laurie Jo Wallace, Director, Training and Capacity Building
617-279, 2240, x223
TTY: 617-451-0007
ljwallace@tmfnet.org

IMPORTANT DATES

Please mark these important dates in your calendar. Especially important to note are the last dates—if you are awarded a grant, these are required meetings.

CALENDAR ITEM	DESCRIPTION	DATE
<i>Release of RFP</i>	Distribution of RFP to networks, posting on website	Wed, July 11, 2007
<i>Information Session</i>	<p><i>Optional:</i> 2 conference calls for those interested in the mini-grants – information and technical assistance on the RFP will be provided.</p> <p>Questions on the RFP that are emailed in advance (by 12PM on Thursday, July 12th or 12PM on Thursday, July 19th) will be prioritized on the call. Email questions to bchen@tmfnet.org.</p>	<p>Fri, July 13, 2007, 10-11am Fri, July 20, 2007, 10-11am Call: 1-866-587-0333 Pin: *2940645*</p> <p><i>Both conference calls will cover the same basic information and answer questions from participants.</i></p>
<i>Grant Deadline</i>	Grant applications (1 original and 6 copies) due to TMF office via postal mail.	Postmark by: Wed, August 8, 2007
<i>Award Notification</i>	Notification of grant awardees	Wed, September 5, 2007
<i>MTCP/ DPH Meeting</i>	Two mandatory meetings for all grantee adult advisors in conjunction with other DPH tobacco contracts	<ul style="list-style-type: none"> • Wed, Sept. 19, 2007 • Wed, March 12, 2008 <p><i>Meetings are from 9:30-3:00 in the Worcester area.</i></p>

EXPECTATIONS OF GRANTEES:

The following is a list of expectations that we have for groups once they are awarded a grant. Please read carefully and make sure that you will be able to meet all these expectations.

- ✓ Attendance and participation at:
 - Bimonthly conference calls
 - 1st and 3rd MTCP Quarterly Meeting (see calendar above)
 - A statewide youth event (details TBA) in spring 2008
 - At least one training offered by The Medical Foundation and the Regional Centers for Healthy Communities. Multiple trainings will be offered throughout the year. Information is forthcoming.
- ✓ Prompt handing in of deliverables:
 - Progress and final reports (templates will be provided)
 - Two press releases during grant period
 - Products developed through grant project (videos, flyers, etc.)
 - Clippings of press coverage
- ✓ Regular communication with TMF staff.
- ✓ Regular check-in to the www.makesmokinghistory.com website.
- ✓ Helping to promote the new website www.the84.org!

IMPORTANT THINGS TO KNOW (WHAT YOU CANNOT DO):

- ✓ Monies awarded through the grant program cannot be spent for lobbying (call for action and/or direct support of state legislation) on behalf of a specific bill, or for direct attacks on the tobacco companies or their employees.
- ✓ Youth groups and their sponsors cannot receive funding nor have an affiliation or contractual relationship with any tobacco company, its affiliates or its subsidiaries or its parent company. This includes use of youth-prevention program curricula from tobacco companies.
- ✓ Funds cannot be used for cessation programs for the following two reasons: 1) there is no CDC-approved, effective youth-led cessation program that exists for teens and 2) the grant cycle provided is too short a time for any cessation program to be effective.
- ✓ Funds cannot be used to start new youth groups or programs. We will only fund existing groups that have active participants and at least one adult advisor.
- ✓ See budget form for what funds can/cannot be used for regarding stipends and administrative expenses.

APPLICATION A:

Mass Youth Preventing Tobacco Use Mini-Grants, 2007-2008 **Grant Category 1: Taking on Tobacco**

These projects will:

- Be integrated into a broader strategy to reduce ATOD (alcohol, tobacco, and other drugs) use among high school students.
- Aim toward increased knowledge and change in attitudes towards tobacco use among young people or increased support of policies to reduce initiation among young people.

Eligibility:

- Existing high school age youth group that is a member of a substance abuse coalition OR
- Substance abuse coalition that has identified tobacco use among young people as a priority and has a track record of a youth led environmental strategy¹ or policy change projects. The grant applicant can either be the coalition itself or a youth group within the coalition.
- Applicants must have access to local high school survey data on youth tobacco use such as the Youth Risk Behavior Survey (YRBS), Youth Health Survey (YHS), or Communities that Care (CTC) survey.
- Applicants must be from communities that can demonstrate higher youth use of tobacco products than state average (a number of factsheets on state data are available on www.mass.gov/dph/mtcp/ - click on link to "Reports, Factsheets, and Maps" and look under "Youth").

Main Project Components (what is expected of you after you receive the grant):

1. Development of Workplan – Once mini-grants are awarded, TMF staff will provide assistance on the development of this workplan and this must be developed before the subsequent steps are approached.
2. Visibility Events and Community Presentations—Youth should organize 2 visibility events to raise awareness of the issue to the community. Then, youth should present to at least 2 stakeholder groups (ie. city council, school board, etc.) in their respective community to raise awareness about tobacco and its relationships to other substances. This could include earned media opportunities (such as a press conference).
3. Reporting and evaluation—The group will assess if it has achieved the goals identified in its workplan.

¹ "Environmental Strategies" focus on changing aspects of the environment that contribute to the use of alcohol, tobacco and other drugs. Specifically, they aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. This can be done by changing public laws, policies and practices to create environments that decrease the probability of substance abuse.

APPLICATION A-1

**Mass Youth Preventing Tobacco Use Mini-Grants, 2007-2008
Grant Category 1: Taking on Tobacco**

COVER SHEET (10 POINTS)

Please fill this form out COMPLETELY. Leaving items blank will result in a deduction of points. See next page for instructions on filling out the form in more detail. If you are applying for more than one grant, please fill out a separate cover sheet for each grant you are applying for.

1. NAME OF YOUTH GROUP:		4. NAME OF SPONSORING ORGANIZATION/ COALITION:	
Website:		Website:	
2. YOUTH CONTACT INFORMATION (do not leave blank!)		5. SPONSORING ORGANIZATION/ COALITION CONTACT INFORMATION	
Name:		Name:	
Title:		Title:	
Organization:		Organization:	
Address:		Address:	
City, Zip:		City, Zip:	
Phone:		Phone:	
Email:		Fax:	
3. ADULT CONTACT INFORMATION		Email:	
Name:			
Title:		6. GRANT CORRESPONDENCE	
Organization:		Who will be the main contact person for the project activities?	
Address, City, Zip:		To whom should the grant check be written?	
Phone:		Where should the grant check be sent?	
Fax:		7. PREVIOUS GRANTEE? Y N	
Email:			
8. TITLE OF PROJECT (do not leave blank!):			
9. NUMBER OF YOUTH TO BE ENGAGED IN THIS PROJECT:			
10. GRANT CATEGORY: <input type="checkbox"/> Taking on Tobacco <input type="checkbox"/> Mission: Tobacco Sales Impossible <input type="checkbox"/> Connecting for Change			
11. EOHHS REGION: <input type="checkbox"/> Boston <input type="checkbox"/> Central <input type="checkbox"/> MetroWest <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> West			
12. CERTIFICATION: <i>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 terms of The Medical Foundation and the Mass Youth Against Tobacco.</i>			
_____ Signature of Sponsoring Organization's Executive Director/CEO		_____ Date	

APPLICATION A-1 (continued):

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 1: Taking on Tobacco**

Instructions on Filling Out the Cover Sheet

Use the following guide to fill out the cover sheet. The items correspond with the numbered items on the cover sheet.

1. **Name of Youth Group**—Fill in the name and website of the youth program, school club, or youth organization that will directly be working on the *Mass Youth Against Tobacco* Mini-Grant. This should be a group of high-school aged youth that already exists. New groups cannot be formed with these grant funds.
2. **Youth Contact Information**—Fill in the name and contact information of a young person who will be responsible for being the main contact person for the grant. This can be someone who already has a leadership role in the group or someone who would like to take more leadership duties. Please make sure to include an email address.
3. **Adult Contact Information**—Fill in the name and contact information of the adult who has the most direct contact with the youth group. This could be an adult advisor, a staffperson at the agency who works directly with the youth, or a volunteer who works with the youth. This person will most likely hold direct responsibility with helping the youth see the project through to the end.
4. **Name of Sponsoring Organization/ Coalition**—Fill in the name and website of the agency, institution, or coalition where the youth group is housed. This could be a school, a faith community, a community-based organization, or a youth organization. If it is a community-based organization, it must have 501(c)3 status. The sponsoring organization has fiscal responsibility for the grant monies.
5. **Sponsoring Organization Contact Info**—Fill in the name and contact information of a person at the sponsoring organization who will be a contact if there are questions regarding the fiscal management of the grant monies.
6. **Grant Correspondence**—Fill in the appropriate names that answer the given questions.
7. **Previous Grantee**—If you were a previous *Youth Action Initiative* grantee, circle Y.
8. **Title of Project**—Create a name for your project. Be as creative as you want!
9. **Number of Youth to Be Engaged**—Give an estimate of how many youth will be involved in this project.
10. **Grant Category**—Check off which grant category you are applying for. If you are applying for more than one grant, fill out a separate cover sheet for each grant and attach to each separate project narrative and budget form.
11. **EOHHS Region**—The Executive Office of Health and Human Services has designated six regions in the state of Massachusetts. Check off which region your group represents.
12. **Certification**—Have the sponsoring organization's executive director, coalition director, principal, CEO, etc. sign in this box. This is the organization that would hold fiscal responsibility for the grant monies.

**If you leave any of the sections blank, the grant application will not be accepted.
PLEASE FILL OUT ALL PARTS!**

APPLICATION A-2:

Mass Youth Against Mini-Grants, 2007-2008 Grant Category 1: Taking on Tobacco

PROJECT NARRATIVE (90 points)

The *Taking on Tobacco* Mini-Grant application should be collaboratively developed by youth and adults. Please answer the following questions for the narrative section. Do not leave any questions unanswered. Please write the Project Narrative on attached sheets of paper. Note the word count—please try to stay within these guidelines.

Organization name: _____

Youth program name (if different): _____

City/ town focus for this project: _____

Person/ people writing grant application: _____

1. **Background** (up to 200 words)

- a. Provide a brief description of your community coalition. Include your coalition's mission and history, staffing structure, and sources of funding.
- b. Briefly describe any past tobacco prevention work your coalition has worked on or any future tobacco prevention work you are planning that is separate from this grant application.

2. **Youth Involvement** (up to 200 words)

- a. Describe how youth are involved and engaged in your organization or coalition. What role(s) do they play, what program(s) are available, etc. Identify how many youth are currently and actively involved in your organization or coalition. Identify how many of them will be involved in this project.
- b. Provide an example of a past successful youth project focused on environmental strategies² and/or policy changes. Include specific information about the role young people played in that project.

3. **Project Request** (up to 350 words)

- a. Describe local tobacco data and its data source for this project including how the data compares to state data. If there is no local data, describe how you will measure the impact of the project on youth tobacco use. *For example, in Massachusetts, 4.4% of high school students used smokeless tobacco products in 2006; however, in TINYTOWN, MA, 10% of high school students used smokeless tobacco products in 2006.*
- b. Describe the staffing structure for this project including how youth will provide leadership and be involved in this project **and** the support that will be provided by the adult advisor.
- c. **Must be written by youth:** Describe the primary change you hope to create in your community around tobacco use. (Include name(s) and age(s) of youth who answer this question.)
- d. **Must be written by youth:** Describe why your group is interested in taking on this project. (Include name(s) and age(s) of youth who answer this question.)

4. Name at least two local **media outlets and contacts** (names of people, email and/or phone number, and address) for each outlet. Media outlets may include weekly or monthly community newspapers, daily newspapers, and/or radio.

5. Two **letters of support** will be required: one from the director/ officer of your substance abuse coalition AND a second letter from a partner in your local municipal government (ie. Board of Health, Mayor's Office, Police, etc.).

² "Environmental Strategies" focus on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, they aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. This can be done by changing public laws, policies and practices to create environments that decrease the probability of substance abuse.

Adapted from: *Wisconsin Clearinghouse for Prevention Resources* (<http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Environment.html>)

APPLICATION A-3:

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 1: Taking on Tobacco**

BUDGET FORM (10 points)

Organization name: _____

Youth program name (if different): _____

City/ town focus for this project: _____

- Grant Category:** (check one)
- Taking on Tobacco
 - Mission: Tobacco Sales Impossible
 - Connecting for Change

In the space provided under each item, give a brief description of how you will spend the money. This is a projection, and if you make changes, you will note those changes in your progress and final reports.

Item	Total	
Stipends <i>(money paid to the youth and adults involved in this project to compensate them for the work they do related to this project)</i> <i>Stipends cannot exceed 80% of the grant</i> Description:	For Youth	\$
	For Adults	\$
Program Support <i>(office supplies, copying, printing, postage, training items, refreshments, etc.)</i> Description:	\$	
Travel <i>(include travel expenses related to project and travel for at least 2 youth and 1 adult to attend a one-day statewide event in Worcester)</i> Description:	\$	
Administrative <i>(Up to 10% of the funds can be used for administrative costs such as rent, E.D. time, etc.)</i>	\$	
Other, please list	\$	
Total Expenses	\$	

APPLICATION B:

Mass Youth Preventing Tobacco Use Mini-Grants, 2007-2008 **Grant Category 2: Mission: Tobacco Sales Impossible**

These projects will:

- Aim toward increased support of policies to reduce youth access to tobacco products and decrease tobacco industry marketing.
- Include required merchant education using “Under 27” campaign (retail kits are available through the Health Promotion Clearinghouse—www.maclearinghouse.com) for at least 20 retailers (convenience stores, gas stations, liquor stores).
- Implement two additional strategies to support the reduction in youth access to tobacco products (ie. conducting store alerts for at least 10 retailers in your community and a different community with different demographics, merchant education on cigar signage and illegal self-service displays, using GIS mapping to educate stakeholders about local youth access and tobacco marketing data, etc.).

Eligibility:

- High school age youth group that already exists.
- From a municipality with at least 20 tobacco retailers (convenience stores, gas stations, liquor stores).
- Priority will be given to cities and towns with an illegal tobacco sales rate higher than 10%. This data is posted on www.makesmokinghistory.com.

Main Project Components (what is expected of you after you receive the grant):

1. Development of workplan—TMF staff will provide assistance on the development of this workplan, and this must be developed before the subsequent steps are approached.
2. Assessment— Choose an assessment tool to survey the needs and tobacco advertising in your community (ie. store alert survey, GIS mapping) or build upon past assessment efforts.
3. Retail education—THIS IS REQUIRED. Using the newly created “Under 27” retail packets, conduct at least 20 retail education visits where youth educate retailers about youth tobacco access laws.
4. Identify 2 other strategies to reduce youth access
5. Visibility and Presentation—Youth should organize 2 visibility events to raise awareness of the issue to the community. Then, youth should present to at least 2 stakeholder groups in your community to raise awareness about tobacco and its relationships to other substances. This could include earned media opportunities (such as a press conference).
6. Reporting and evaluation—The group will assess if it has achieved the goals in its workplan.

APPLICATION B-1

**Mass Youth Preventing Tobacco Use Mini-Grants, 2007-2008
Grant Category 2: Mission: Tobacco Sales Impossible**

COVER SHEET (10 POINTS)

Please fill this form out COMPLETELY. Leaving items blank will result in a deduction of points. See next page for instructions on filling out the form in more detail. If you are applying for more than one grant, please fill out a separate cover sheet for each grant you are applying for.

1. NAME OF YOUTH GROUP:		4. NAME OF SPONSORING ORGANIZATION/ COALITION:	
Website:		Website:	
2. YOUTH CONTACT INFORMATION (do not leave blank!)		5. SPONSORING ORGANIZATION/ COALITION CONTACT INFORMATION	
Name:		Name:	
Title:		Title:	
Organization:		Organization:	
Address:		Address:	
City, Zip:		City, Zip:	
Phone:		Phone:	
Email:		Fax:	
3. ADULT CONTACT INFORMATION		Email:	
Name:			
Title:		6. GRANT CORRESPONDENCE	
Organization:		Who will be the main contact person for the project activities?	
Address, City, Zip:		To whom should the grant check be written?	
Phone:		Where should the grant check be sent?	
Fax:		7. PREVIOUS GRANTEE? Y N	
Email:			
8. TITLE OF PROJECT (do not leave blank!):			
9. NUMBER OF YOUTH TO BE ENGAGED IN THIS PROJECT:			
10. GRANT CATEGORY: <input type="checkbox"/> Taking on Tobacco <input type="checkbox"/> Mission: Tobacco Sales Impossible <input type="checkbox"/> Connecting for Change			
11. EOHHS REGION: <input type="checkbox"/> Boston <input type="checkbox"/> Central <input type="checkbox"/> MetroWest <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> West			
12. CERTIFICATION: <i>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 terms of The Medical Foundation and the Mass Youth Against Tobacco.</i>			
Signature of Sponsoring Organization's Executive Director/CEO		Date	

APPLICATION B-1 (continued):

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 2: Mission: Tobacco Sales Impossible**

Instructions on Filling Out the Cover Sheet

Use the following guide to fill out the cover sheet. The items correspond with the numbered items on the cover sheet.

1. **Name of Youth Group**—Fill in the name and website of the youth program, school club, or youth organization which will directly be working on the *Mass Youth Against Tobacco Use* Mini-Grant. This should be a group of high-school aged youth that already exists. New groups cannot be formed with this grant.
2. **Youth Contact Information**—Fill in the name and contact information of a young person who will be responsible for being the main contact person for the grant. This can be someone who already has a leadership role in the group or someone who would like to take more leadership duties. Please make sure to include an email address.
3. **Adult Contact Information**—Fill in the name and contact information of the adult who has the most direct contact with the youth group. This could be an adult advisor, a staffperson at the agency who works directly with the youth, or a volunteer who works with the youth. This person will most likely hold direct responsibility with helping the youth see the project through to the end.
4. **Name of Sponsoring Organization/ Coalition**—Fill in the name and website of the agency, institution, or coalition where the youth group is housed. This could be a school, a faith community, a community-based organization, or a youth organization. If it is a community-based organization, it must have 501(c)3 status. The sponsoring organization has fiscal responsibility for the grant monies.
5. **Sponsoring Organization Contact Info**—Fill in the name and contact information of a person at the sponsoring organization who will be a contact if there are questions regarding the fiscal management of the grant monies.
6. **Grant Correspondence**—Fill in the appropriate names that answer the given questions.
7. **Previous Grantee**—If you were a previous *Youth Action Initiative* grantee, circle Y.
8. **Title of Project**—Create a name for your project. Be as creative as you want!
9. **Number of Youth to Be Engaged**—Give an estimate of how many youth will be involved in this project.
10. **Grant Category**—Check off which grant category you are applying for. If you are applying for more than one grant, fill out a separate cover sheet for each grant and attach to each separate project narrative and budget form.
11. **EOHHS Region**—The Executive Office of Health and Human Services has designated six regions in the state of Massachusetts. Check off which region your group represents.
12. **Certification**—Have the sponsoring organization's executive director, coalition director, principal, CEO, etc. sign in this box. This is the organization that would hold fiscal responsibility for the grant monies.

**If you leave any of the sections blank, the grant application will not be accepted.
PLEASE FILL OUT ALL PARTS!**

APPLICATION B-2:

Mass Youth Against Tobacco Mini-Grants, 2007-2008 Grant Category 2: Mission: Tobacco Sales Impossible

PROJECT NARRATIVE (90 points)

The *Mission: Tobacco Sales Impossible* Mini-Grant application should be collaboratively developed by youth and adults. Please answer the following questions for the narrative section. Do not leave any questions unanswered. Please write the Project Narrative on attached sheets of paper. Note the word count—please try to stay within these guidelines.

Organization name: _____

Youth program name (if different): _____

City/ town focus for this project: _____

Person/ people writing grant application: _____

1. Background (up to 200 words)

- a. Provide a brief description of your community organization. Include your organization's mission, organizational structure, and any prior sources of tobacco control funding.
- b. Briefly describe any past tobacco prevention work your organization has worked on or any future tobacco prevention work you are planning that is separate from this grant application.

2. Youth Involvement (up to 200 words)

- a. Describe how youth are involved and engaged in your organization. What role(s) do they play, what program(s) are available, etc. Identify how many youth are currently and actively involved in your organization or coalition. Identify how many of them will be involved in this project.
- b. Provide an example of a past successful youth project focused on environmental strategies¹ and/or policy changes. Include specific information about the role young people played in that project.

3. Project Request (up to 350 words)

- a. Describe current illegal sales of tobacco to minors and any demographic information about your municipality that demonstrates need for this mini-grant.
- b. Describe the staffing structure for this project including how youth will provide leadership and be involved in this project **and** the support that will be provided by the adult advisor.
- c. **Must be written by youth:** Describe the primary change you hope to create in your community around tobacco use. (Include name(s) and age(s) of youth who answer this question.)
- d. **Must be written by youth:** Describe why your group is interested in taking on this project. (Include name(s) and age(s) of youth who answer this question.)

4. Name at least two local **media outlets and contacts** (names of people, email and/or phone number, and address) for each outlet. Media outlets may include weekly or monthly community newspapers, daily newspapers, and/or radio.

5. Two **letters of support** will be required: one from your local Board of Health AND one from a community partner who will be working with you on this project.

¹ "Environmental Strategies" focus on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, they aim to decrease the social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. This can be done by changing public laws, policies and practices to create environments that decrease the probability of substance abuse.

APPLICATION B-3:

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 2: Mission: Tobacco Sales Impossible**

BUDGET FORM (10 points)

Organization name: _____

Youth program name (if different): _____

City/ town focus for this project: _____

- Grant Category:** (check one)
- Taking on Tobacco
 - Mission: Tobacco Sales Impossible
 - Connecting for Change

In the space provided under each item, give a brief description of how you will spend the money. This is a projection, and if you make changes, you will note those changes in your progress and final reports.

Item	Total	
<p>Stipends (<i>money paid to the youth and adults involved in this project to compensate them for the work they do related to this project</i>) <i>Stipends cannot exceed 80% of the grant</i></p> <p>Description:</p>	For Youth	\$
	For Adults	\$
<p>Program Support (<i>office supplies, copying, printing, postage, training items, refreshments, etc.</i>)</p> <p>Description:</p>	\$	
<p>Travel (<i>include travel expenses related to project and travel for at least 2 youth and 1 adult to attend a one-day statewide event in Worcester</i>)</p> <p>Description:</p>	\$	
<p>Administrative (<i>Up to 10% of the funds can be used for administrative costs such as rent, E.D. time, etc.</i>)</p>	\$	
<p>Other, please list</p>	\$	
<p>Total Expenses</p>	\$	

APPLICATION C:

MA Youth Preventing Tobacco Use Mini-Grants, 2007-2008 **Grant Category 3: Connecting for Change**

MTCP has funded a Community Smoking Intervention (CSI) Demonstration Project in five high-risk areas of Massachusetts; these areas include Boston (focusing on Dorchester, Roxbury and South Boston), Lawrence, New Bedford, Worcester and Franklin County. These projects have been engaged in a community planning process since January 2007 and have each developed unique workplans to lower smoking prevalence. For this grant, mini-grantees will be working directly with these existing CSI Demonstration Projects.

These projects will:

- Be youth-led and directly connected to one of the projects selected by the local Community Smoking Intervention (CSI) Demonstration Project.

Eligibility:

- High school age youth group that already exists and will establish a collaboration with a CSI.
- Communities with existing CSI Demonstration Project - Worcester, New Bedford, Lawrence, Franklin County/ North Quabbin, and the neighborhoods of Dorchester, Roxbury and South Boston in the city of Boston

Main Project Components (what is expected of you after you receive the grant):

1. Development of workplan—TMF staff will provide assistance on the development of this workplan that will connect to a CSI Demonstration Project, and this must be developed before the subsequent steps are approached.
2. Strategies and Steps – the following is a suggestion of steps that may take place in your workplan, but the plan will really come from working together with the CSI.
 - a. Assessment and planning
 - b. Visibility and Presentation
 - c. Reporting and evaluation

APPLICATION C-1:

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 3: Connecting for Change**

COVER SHEET (10 POINTS)

Please fill this form out COMPLETELY. Leaving items blank will result in a deduction of points. See next page for instructions on filling out the form in more detail. If you are applying for more than one grant, please fill out a separate cover sheet for each grant you are applying for.

1. NAME OF YOUTH GROUP:		4. NAME OF SPONSORING ORGANIZATION/ COALITION:	
Website:		Website:	
2. YOUTH CONTACT INFORMATION (do not leave blank!)		5. SPONSORING ORGANIZATION/ COALITION CONTACT INFORMATION	
Name:		Name:	
Title:		Title:	
Organization:		Organization:	
Address:		Address:	
City, Zip:		City, Zip:	
Phone:		Phone:	
Email:		Fax:	
3. ADULT CONTACT INFORMATION		Email:	
Name:			
Title:		6. GRANT CORRESPONDENCE	
Organization:		Who will be the main contact person for the project activities?	
Address, City, Zip:		To whom should the grant check be written?	
Phone:		Where should the grant check be sent?	
Fax:		7. PREVIOUS GRANTEE? Y N	
Email:			
8. TITLE OF PROJECT (do not leave blank!):			
9. NUMBER OF YOUTH TO BE ENGAGED IN THIS PROJECT:			
10. GRANT CATEGORY: <input type="checkbox"/> Taking on Tobacco <input type="checkbox"/> Mission: Tobacco Sales Impossible <input type="checkbox"/> Connecting for Change			
11. EOHHS REGION: <input type="checkbox"/> Boston <input type="checkbox"/> Central <input type="checkbox"/> MetroWest <input type="checkbox"/> Northeast <input type="checkbox"/> Southeast <input type="checkbox"/> West			
12. CERTIFICATION: <i>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 terms of The Medical Foundation and the Mass Youth Against Tobacco.</i>			
Signature of Sponsoring Organization's Executive Director/CEO		Date	

APPLICATION C-1 (continued):

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 3: Connecting for Change**

Instructions on Filling Out the Cover Sheet

Use the following guide to fill out the cover sheet. The items correspond with the numbered items on the cover sheet.

1. **Name of Youth Group**—Fill in the name and website of the youth program, school club, or youth organization which will directly be working on the *Connecting for Change* Mini-Grant. This should be a group of high-school aged youth that already exists. New groups cannot be formed with these grant funds.
2. **Youth Contact Information**—Fill in the name and contact information of a young person who will be responsible for being the main contact person for the grant. This can be someone who already has a leadership role in the group or someone who would like to take more leadership duties. Please make sure to include an email address.
3. **Adult Contact Information**—Fill in the name and contact information of the adult who has the most direct contact with the youth group. This could be an adult advisor, a staffperson at the agency who works directly with the youth, or a volunteer who works with the youth. This person will most likely hold direct responsibility with helping the youth see the project through to the end.
4. **Name of Sponsoring Organization/ Coalition**—Fill in the name and website of the agency, institution, or coalition where the youth group is housed. This could be a school, a faith community, a community-based organization, or a youth organization. If it is a community-based organization, it must have 501(c)3 status. The sponsoring organization has fiscal responsibility for the grant monies.
5. **Sponsoring Organization Contact Info**—Fill in the name and contact information of a person at the sponsoring organization who will be a contact if there are questions regarding the fiscal management of the grant monies.
6. **Grant Correspondence**—Fill in the appropriate names that answer the given questions.
7. **Previous Grantee**—If you were a previous *Youth Action Initiative* grantee, circle Y.
8. **Title of Project**—Create a name for your project. Be as creative as you want!
9. **Number of Youth to Be Engaged**—Give an estimate of how many youth will be involved in this project.
10. **Grant Category**—Check off which grant category you are applying for. If you are applying for more than one grant, fill out a separate cover sheet for each grant and attach to each separate project narrative and budget form.
11. **EOHHS Region**—The Executive Office of Health and Human Services has designated six regions in the state of Massachusetts. Check off which region your group represents.
12. **Certification**—Have the sponsoring organization's executive director, coalition director, principal, CEO, etc. sign in this box. This is the organization that would hold fiscal responsibility for the grant monies.

**If you leave any of the sections blank, the grant application will not be accepted.
PLEASE FILL OUT ALL PARTS!**

APPLICATION C-2:

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 3: Connecting for Change**

PROJECT NARRATIVE (90 points)

The *Connecting for Change* Mini-Grant application should be collaboratively developed by youth and adults. Please answer the following questions for the narrative section. Do not leave any questions unanswered. Please write the Project Narrative on attached sheets of paper. Note the word count—please try to stay within these guidelines.

Organization name: _____

Youth program name (if different): _____

City/ town focus for this project: _____

Person/ people writing grant application: _____

1. **Background** (up to 200 words)
 - a. Provide a brief description of your community organization. Include your organization's mission, organizational structure, and any prior sources of tobacco control funding.
 - b. Briefly describe any past tobacco prevention work your organization has worked on or any future tobacco prevention work you are planning that is separate from this grant application. Include the role of your organization in any local or statewide tobacco control planning activities.
2. **Youth Involvement** (up to 200 words)
 - a. Describe how youth are involved and engaged in your organization. What role(s) do they play, what program(s) are available, etc. Identify how many youth are currently and actively involved in your organization or coalition. Identify how many of them will be involved in this project.
3. **Project Request** (up to 500 words)
 - a. Give a brief description of the CSI project that your group plans to assist with and what role the youth will play.
 - b. Describe primary local data for this project including how the data compares to state data and the data source for the indicator. If there is no local data, describe how you will measure the impact of the project on youth tobacco use. *For example, in Massachusetts, 4.4% of high school students used smokeless tobacco products in 2006; however, in TINYTOWN, MA, 10% of high school students used smokeless tobacco products in 2006.*
 - c. Describe the staffing structure for this project including how youth will provide leadership and be involved in this project **and** the support that will be provided by the adult advisor.
 - d. **Must be written by youth:** Describe the primary change you hope to create in your community around tobacco use. (Include name(s) and age(s) of youth who answer this question.)
 - e. **Must be written by youth:** Describe why your group is interested in taking on this project. (Include name(s) and age(s) of youth who answer this question.)
4. Name at least two local **media outlets and contacts** (names of people, email and/or phone number, and address) for each outlet. Media outlets may include weekly or monthly community newspapers, daily newspapers, and/or radio.
5. Two **letters of support** will be required: one from the CSI you hope to partner with AND one from your local Board of Health.

APPLICATION C-3:

**Mass Youth Against Tobacco Mini-Grants, 2007-2008
Grant Category 3: Connecting for Change**

BUDGET FORM (10 points)

Organization name: _____

Youth program name (if different): _____

City/ town focus for this project: _____

- Grant Category:** (check one)
- Taking on Tobacco
 - Mission: Tobacco Sales Impossible
 - Connecting for Change

In the space provided under each item, give a brief description of how you will spend the money. This is a projection, and if you make changes, you will note those changes in your progress and final reports.

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Total Expenses	\$	