

**Applicant info for Clackamas and Washington Counties Commercial Tobacco Prevention Community Grant**

Organization Name

EIN or FIN:

Mailing Address:

City: State: County: Zip Code:

Phone:

Website Address:

**Individual Completing Application**

Name and Title:

Phone:

Email:

**Fiscal Sponsor Organization info if applicable:**

Organization Name:

EIN or FIN:

Mailing Address:

City: State: County: Zip Code:

Phone:

Website Address:

Contact Name and Title: Phone: Email:

**Type of Organization**

- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> 501(c)3 | <input type="checkbox"/> 501(c)3 w/Fiscal Sponsor | <input type="checkbox"/> Partnership w/501(c)3 Fiscal Organization |
|----------------------------------|---|--|

**Responsible Proposer Requirements**

- Yes, Applicant is currently registered with the Oregon Secretary of State business registry.
- No, Applicant is not currently registered with the Oregon Secretary of State business registry but will meet requirement prior to Agreement execution.

**Applicant Insurance**

**Commercial General Liability Insurance**

- Yes, we currently meet the CGL insurance requirement.
- Do not currently meet CGL insurance requirements and will meet requirement prior to Contract execution.

**Professional Liability Insurance**

- Yes, we currently meet the PLI insurance requirement.
- Do not currently meet PLI insurance requirement but will meet requirement prior to Contract execution.

**Applicant Contract Administrator**

Name and Title:

Phone:

Email:

Authorized Applicant/Application Signature:

**Applicant Information Part 1**

**Counties served.** Please indicate with an X if your organization directly serves one or more Oregon county below.

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln

- Linn
- Malheur
- Marion
- Morrow
- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill

**Primary populations to be served.** Please indicate with an X the top three or fewer populations served by your organization. You may also specify the populations served by your organization within each option.

- American Indian/Alaska Native/Indigenous communities:
- Asian communities:
- Black/African American/African communities:
- Latino/a/x communities:
- Pacific Islander communities:
- Slavic/Eastern European communities:
- People with disabilities:
- LGBTQIA2S+ communities:
- Immigrant and refugee communities:
- Rural communities:
- Faith communities:
- Houseless communities:

- Justice-involved communities:
- People with behavioral health conditions:
- Other communities not listed above (please describe):

**Language access provided by your organization.** Please indicate your organization's capacity to speak and/or write in languages other than English. Also indicate whether the language capacity comes from someone who speaks that language as their first language or someone who learned the language, or if you would use a translation service.

Language 1: \_\_\_\_\_

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Language 2: \_\_\_\_\_

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Language 3: \_\_\_\_\_

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Language 4: \_\_\_\_\_

- Spoken fluently by first language speaker
- Spoken fluently by learned language speaker
- Written by first language speaker
- Written by learned language speaker
- We will use a translation service

Other language access offered by your organization not already listed above:

Which activity(ies) best describes the work described in your proposal (check all that apply):

- Health Education and Prevention Activities
- Youth empowerment / engagement in commercial tobacco prevention activities
- Data Collection / Identifying and Assessing Community Priorities
- Policy Development and Advocacy, examples:
  - Restricting access to flavored tobacco products
  - Expanding the Indoor Clean Air Act
- Culturally specific tobacco cessation
- Addressing root causes of commercial tobacco use
- Capacity building / leadership development
- Something Else: \_\_\_\_\_

**Is your organization funded by the Oregon Health Authority for commercial tobacco prevention?**

- Yes  No

**If your organization is funded by the Oregon Health Authority for commercial tobacco prevention, please describe how this funding will supplement work you are currently funded to do.**

**What other type of public health programs is your organization working in? (check all that apply):**

- 1) HIV, STD, TB Prevention and Treatment \_\_\_\_\_
- 2) Environmental Public Health and Climate Change \_\_\_\_\_
- 3) Communicable Disease Prevention- \_\_\_\_\_
- 4) Emergency Preparedness \_\_\_\_\_
- 4) Adolescent and School Health \_\_\_\_\_
- 5) Injury and Violence Prevention \_\_\_\_\_
- 6) Substance Use Overdose
- 7) Other (please specify): \_\_\_\_\_

## **Applicant Information Part 2**

Please be clear and concise. There are no maximum or minimum word or page counts; use the amount of space you need to describe your project and answer the questions.

- 1) Describe your project and how it addresses root causes of and/or the impacts of commercial tobacco use on the proposed population(s). Include the reasons why commercial tobacco products are being used and how this work will advance community members' vision for healthy lives.**
  
- 2) Describe your organization or collaborative's experience related to your proposed activity area(s). (Specific experience in commercial tobacco prevention is not a requirement.)**

- 3) Describe the population(s) you intend to serve, how long you have worked with that population and your relationship with this community/communities. If you are applying to work with a population that is not the primary population you have traditionally worked with, please describe how you have demonstrated success working with the proposed impacted population(s).
- 4) Describe the composition of your project staff and decision-making body (staff, volunteers) and how these reflect the communities you are proposing to work with. Also indicate your staff who are community health workers (CHWs), Traditional Health Workers (THWs), and health care interpreters (HCIs) and your anticipated hires with this expertise.
- 5) Describe your partners for proposed activities and the specific role each will play. Include the collaborative and decision-making structure for partners. Partners could include other community-based organizations, local public health authorities, schools and school districts, or partners in other sectors.
- 6) Describe how communities you serve will continuously guide and shape this work over the project's life cycle. Include how you will address challenges, conflicts and/or power dynamics.
- 7) How do you plan to sustain the work going forward?
- 8) What kind of support would your organization need to carry out proposed activities?

**Proposed Work Plan.** Fill out the work plan table to outline your organization's plans to carry out the proposed project. Please use a separate row for each described activity.

Below is an example:

Activity	Estimated Timeframe (M/Y) – (M/Y)	Partners Involved	Desired Outcome ( <i>goal</i> )
Train our organization and North Clackamas School District's staff around flavored commercial tobacco.	Host a 3-day training between 1/25/23 – 1/27/23.	North Clackamas School District's staff, our organization's staff, facilitator/trainer from <i>_(include which organization/individual will conduct the training here)_</i> .	School district and organization staff have a full understanding of the health impacts of flavored commercial tobacco products and its relation to youth tobacco use.

Please describe how you will determine if your organization has progressed toward the goal(s) described above:

90% of school district and organization staff trained around flavored commercial tobacco.

**Proposed Budget.** Fill out the budget table below with your proposed budget. If you have questions, please email [TobaccoFreeClackCo@Clackamas.us](mailto:TobaccoFreeClackCo@Clackamas.us).

Below is an example budget table:

<b><i>Budget Categories</i></b>	<b><i>Amount</i></b>
<b>Personnel</b> (List salary, FTE & Fringe costs for each position)	
<b>Total Personnel Services</b>	
<b>Administration Costs</b>	
<b>Equipment (phone, computer, etc.)</b>	
<b>Supplies</b>	
<b>Travel (mileage, etc.)</b>	
<b>Other (please specify)</b>	
<b>Total Direct Costs</b>	
<b>Cost Allocation and/or Indirect Rate (give a brief description of what the \$ is for)</b>	
<b>Total Grant Request</b>	

Please provide a brief description explaining your cost allocation and/or indirect rate:

