

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

OFFICE OF Medical Director  
BUREAU OF Health Improvement  
and Wellness

Tobacco Use Prevention and Cessation Program (TU23)  
SOLICITATION FOR FISCAL YEAR 2023 (07/01/22 –  
06/30/23)

Local Public Applicant Agencies; Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION  
100% Deliverable Funding

Revised 9/20/2021  
For grant starts 7/1/2022 and thereafter

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## I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

**A bidders’ conference for interested applicants will be held on Monday, February 7, 2022, from 10:00 am to 11:30 am and can be accessed through MS Teams at the following URL:**

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MDliMWY3NjltMWJiMS00ZDY1LTNmZjMtNGI2OTZjYjRlZjQ3%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%2209ac962b-ad38-4dd6-9605-19b3d25d72b2%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDliMWY3NjltMWJiMS00ZDY1LTNmZjMtNGI2OTZjYjRlZjQ3%40thread.v2/0?context=%7b%22Tid%22%3a%2250f8fcc4-94d8-4f07-84eb-36ed57c7c8a2%22%2c%22Oid%22%3a%2209ac962b-ad38-4dd6-9605-19b3d25d72b2%22%7d)

If you prefer to join only by phone:

**Phone:** 1-614-721-2972 **Phone Conference ID:** 603 150 544#

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF – Appendix A) must be submitted by February 9, 2022 so access to the application via the Internet website “ODH Application Gateway” can be established.

**NEW AGENCIES ONLY or if UPDATES are needed:** For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

**Note:** Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

The application summary information is provided to assist your agency in identifying funding criteria:

**A. Policy and Procedures:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

### **Budget Justification Certification language**

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

### **B. Application Name:** *Tobacco Use Prevention and Cessation TU23: Local Tobacco Prevention and Control Grant*

- C. Purpose:** The purpose of this grant is to increase the readiness of your community to initiate and engage in tobacco control and cessation strategies with an anticipated outcome of creating social norm change to decrease initiation and use of tobacco in local communities (including the initiation of the use of e-cigarettes/vaping products), to increase quitting of tobacco, to decrease the community's exposure to secondhand smoke, and to decrease disparities in tobacco burden usually associated with health inequities. It is the expectation that at the end of three years there will be evidence of sustainable change.

For Tier One applicants the focus for the three-year project period will be to build capacity. Year one will focus on building the infrastructure for addressing tobacco prevention and control with a primary focus on increasing cessation. Over the subsequent two years the focus will broaden to include activities addressed toward prevention and exposure to secondhand smoke and impacting tobacco burden disparities through addressing health inequities.

- D. Qualified Applicants:** All applicants must be a local public or non-profit agency. Any local public or non-profit agency who has not previously received grant funding from the Tobacco Use Prevention and Cessation Program is only eligible to apply for Tier One funding (capacity building). Any local public or non-profit agency who received grant funding from the Tobacco Use Prevention and Cessation Program in the last project period (TU20-TU22), is eligible to apply for Tier Two funding, only. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). Except for the major metropolitan areas of Columbus, Cincinnati, and Cleveland, only one agency within a county is eligible for funding through this opportunity.

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday March 14, 2022.**

- E. Service Area:** The service area for this grant will be your agency's jurisdiction, except for Deliverable 4 (point of sale policy). If your county has a city of at least 100,000, you must focus on that city for Deliverable 4. If the largest city in your county is not within your jurisdiction or if you have no city of at least 100,000 in your jurisdiction you will be required to focus work for deliverable 4 in the largest municipality of your jurisdiction. The determination of the geographic area for each applicant will be made within 3 business days of the submission of notice of intent to apply for funding and will be based on collaboration with the assigned public health consultant for your application. An email

with the assignment of your public health consultant and their contact information will be sent to the email provided on the notice of intent to apply for funding form, so please look for this and be in contact with the consultant, as early as possible. The service area for the remaining deliverables of this grant will be at the jurisdiction level (county/city). Other deliverables/activities may be refined to focus on geographic priority areas (e.g., city, township, census block groups, census tracts or blocks) using tools like the Ohio Health Improvement Zones Dashboard. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19 and can be accessed at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>. Any refinement of activities to a geographic area will need to be justified by data and agreed upon, prior to implementation, by ODH.

**F. Number of Grants and Funds Available:**

Funding for Local Tobacco Prevention and Cessation grants are supported by both state and federal sources with an anticipated total funding amount of \$4,690,000. TUPCP anticipates up to 21 grants will be awarded for Tier One. Tier One applicants must apply for \$30,000. TUPCP anticipates up to 30 grants will be awarded for Tier Two. Tier Two applicants may apply for a maximum of \$132,000 for jurisdictions with a population over 60,000 and for \$117,000 for jurisdictions with a population under 60,000.

No grant award will be issued for less than \$30,000. Applications submitted for less than the minimum amount will not be considered for review.

**G. Due Date:** All parts of the application, including any required attachments, must be completed and received by ODH electronically via GMIS or via ground delivery to Mandy Burkett, Tobacco Use and Prevention Program, Chronic Disease Section, Bureau of Health Improvement and Wellness, Ohio Department of Health, 246 N. High St., Columbus, Ohio 43215 by **4:00 p.m. by Monday, March 14, 2022**. Applications and required attachments received after this deadline will not be considered for review.

Contact Mandy Burkett at [Mandy.Burkett@odh.ohio.gov](mailto:Mandy.Burkett@odh.ohio.gov) or at 614-477-4372 with any questions.

**H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 110 and the Catalog of Federal Domestic Assistance (CFDA) Number 93.387

**I. Goals:** The goals of this program are to expand the work of local communities to decrease the initiation of tobacco use by Ohio youth, to increase the number of Ohioans who quit using tobacco, to decrease Ohioans' exposure to secondhand smoke and to address the causes and result of health inequities that create disparate impact of tobacco on some Ohio subpopulations.

**J. Program Period and Budget Period:** The program period will begin July 1, 2022, and end on June 30, 2025. The budget period for this application is July 1, 2022, through June 30, 2023.

**K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. [(An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.)] The PHAB standards are available at the following website:

[http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

**L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary — Applicant agencies are required to submit a summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. Public Health Impact Statement of Support — Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.
3. Evidence of Health Equity Strategies - The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.) The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)
  - 1) Identify a priority population(s) who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. This requirement must be addressed in the problem/need section of the project narrative heading of the application. You are encouraged to use your local Community Health Needs Assessment, other local datasets to which you have access, as well as the data sources provided in Appendix F to fully describe issues of health inequity in your jurisdiction and to describe existing disparities in tobacco use that may be related to these health inequities. This data will be used throughout the TU23 grant period as you plan and implement activities of the grant. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019->

online-state-health-assessment.

- 2) As part of the description of your jurisdiction, please identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused. By understanding where prioritized populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones> . Another useful source for this information is the Agency for Toxic Substances and Disease Registry's (ATSDR) Social Vulnerability Index (SVI) which can be accessed at <https://svi.cdc.gov/map.html> . Tier Two Awardees will be required to use this data when planning implementation of the health equity strategic plan but will also have the opportunity to use it to focus efforts and activities in other deliverables of the grant. Tier One awardees will be required to assess and use these data in developing partnerships and tailoring cessation efforts.
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) to assist in identifying health inequities that may be associated with health disparities. Tier Two awardees have used a community-driven approach in the development of their health equity strategic plan, a process led by a local lead agency or organization that worked closely with the identified priority population and who formed an ongoing workgroup, majority comprised of members of the population. It is expected, as part of the activities for TU23, that the contract with a local lead agency will continue as implementation of the plan begins and that substantial investment of members of the priority population will be sustained throughout the process. Tier One awardees will be expected to identify priority populations within their jurisdiction and to begin to build relationships with and identify champions to assist with impacting tobacco use among priority populations. In the methodology section of the project narrative, please briefly describe at least two examples of how you will incorporate feedback from the priority population(s) you will be working with in this budget period.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030. <https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf> . Tier Two awardees will have an approved health equity strategic plan, completed during the last project period that contains SMART objectives and activities that have been identified by the community and that are focused on impacting tobacco use and the factors, such as inequities in social determinants of health, that have led to disparities in tobacco use in the priority population in the jurisdiction. Please summarize, in the project narrative methodology section, the objectives and strategies of the health equity strategic plan and what work is intended to be initiated in this budget period.
- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities. Most objectives and activities of the TU23 grant require that evaluation strategies be identified as part of the planning process and that outcomes or results are provided as part of the final work. For Tier Two awardees, please provide at least one example of how implementation of the health equity strategic plan will be evaluated in the methodology section of the project narrative. For Tier One awardees, please describe at least two data sources you have identified or

developed that are potential sources for evaluation of health equity initiatives for jurisdictional priority populations.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
  - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
  - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. These include upstream factors like food, housing, and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

**M. Human Trafficking:** The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target population;
  - 1. At-risk population
  - 2. Mental health population
  - 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

[ ☒ X Applicable    ☐ Not Applicable to Tobacco Use Prevention and Cessation Program]

**N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

**O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the Solicitation to the ODH website and the receipt of the NOIAF. Please contact Mandy Burkett at [Mandy.Burkett@odh.ohio.gov](mailto:Mandy.Burkett@odh.ohio.gov) with any questions regarding this Solicitation.

**P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

**Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **[Monday, March 14, 2022 at 4:00 p.m.]**

Applicants should request a legibly dated postmark or obtain a legibly dated receipt from the U.S. Postal Service or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

**R. Successful Applicants:** Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued over the signature of the Director of the Ohio Department of Health, allows for expenditure of grant funds.

**S. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application, written notification, issued over the signature of the Director of Health, or his designee, shall be sent to the unsuccessful applicant.

T. **Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Workplan and/or logic model demonstrate how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel reflect the communities served through grant funds;
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations;
8. Is responsive to the special concerns and program priorities specified in the Solicitation;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to OGAPP;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation. Programs can insert further information about program specific review criteria (if applicable) *[Programs will include an Application Review Form (Appendix D) and/or provide further details of scoring.]*

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **there will be no appeal of the Department's decision.**

U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. [Select only the appropriate reference.]

V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law. TUPCP and the ODH must approve, in

advance of use, the content of any work produced under this grant. All work must clearly state.

**W. Reporting Requirements:** Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation; before the department will release any additional funds.

**Note:** Failure to ensure the quality of reporting by submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

**a. Program Reports:** Subrecipients Program Reports must be completed and submitted according to directions provided by program, as required by the subgrant program by the following dates. [Additional language is optional]. **Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number. No specific program reports are required, but awardees will be required to complete a monthly submission of progress indicators using a web-based application to which awardees will be assigned access.

☐ Program Reports Required      ☒ No Program Reports Required

Period	Report Due Date

*Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.*

Awardees will be required to attend additional trainings and meetings throughout the budget year, including:

- Kickoff training during the first month of the grant (approximately 16 hours)
- A series of live webinars to cover the foundations of each deliverable of the grant (approximately 6 hours). Participation in the live webinars is recommended, but not required. However, if participation is not live, awardee staff working on the grant will be required to complete viewing of the recordings of these webinars during the first month of the grant period and to provide required documentation of completion of viewing
- Three (3) additional required trainings of up to eight hours each during the remainder of the year
- Monthly individual technical assistance calls with assigned public health consultant
- Monthly All Hands Call with all awardees
- Local Tobacco Prevention and Cessation Grant Foundations Training (for all new awardees and awardee staff who started on the grant within the past six months)

**b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

[Period	Report Due Date
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1 – 31, 2023	February 10, 2023
February 1 – 28 or 29, 2023	March 10, 2023
March 1 – 31, 2023	April 10, 2023
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**.

Period	Report Due Date
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023
January 1 – March 31, 2023	April 10, 2023
April 1 – June 30, 2023	July 10, 2023

**Note:** Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.

- a. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m. on or before August 5, 2023**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

*Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.*

- X. **Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- Y. **Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;

12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. Reimbursement for provision of tobacco cessation services or tobacco cessation medications

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.**

**AA. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

**Subrecipient audit reports** (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on subgrants passed through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

## AB. Submission of Application:

### Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Justification, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Justification must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narratives should not exceed 15 pages (**excludes** appendices, attachments, budget and budget justification).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

**Complete &  
Submit Via  
Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - **Other Direct Costs (all costs for this deliverable-based grant will be listed under this category)**
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program: Data Table, Partnership Table, Workplan

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

**Complete  
Copy &  
E-mail or  
Mail to  
ODH**

Current Independent Audit  
(Latest completed organizational fiscal period; **only if not previously submitted**)  
  
Ohio Department of Health Grants  
Services Unit  
Central Master Files, 4<sup>th</sup> Floor 35  
E. Chestnut Street Columbus,  
Ohio 43215

## II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.*

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 13-14 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary.

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and all allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. (A budget justification example can be found on GMIS).
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period [(Date) to (Date)].

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

**Any personnel listed in the budget must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.**

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. **CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.**

The applicant shall itemize all equipment (**minimum \$1,000, unit cost value**) to be purchased with grant funds in the Equipment Section.

**3. Indirect (Facilities and Administration): Note to Applicant — please select one of the 3 options that apply.**

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information on indirect costs, please see section B2.11 of OGAPP.

**4. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*

- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

## D. Project Narrative:

5. **Executive Summary:** Provide an overview of the impact of tobacco in your jurisdiction and a summary of how your agency/organization will implement the deliverable objectives of the grant to impact tobacco use in your jurisdiction. Identify major health disparities and inequities related to tobacco that exist in your jurisdiction that you intend to prioritize for impact in this budget period of the award (July 1, 2022, to June 30, 2023).
6. **Documentation of Eligibility/Description of Applicant Agency/Personnel:**
  - a. Briefly discuss the applicant agency/organization's eligibility to apply. Summarize the agency/organizational structure as it relates to this program (Tobacco Prevention and Control) and, as the lead agency/organization, how it will manage the program.
  - b. Describe the capacity of your organization, its personnel, or contractors to fulfill the requirements of this funding opportunity and their capacity to communicate effectively and convey information in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.
    - National CLAS Standards  
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,cultural%20and%20linguistically%20appropriate%20services>.
    - ADA Standards for Effective Communication <https://www.ada.gov/effective-comm.htm>
  - c. Briefly describe your agency/organization's previous experience working on tobacco and/or its experience working on projects of a similar size and scope. Include some description of where the work of tobacco prevention and control is prioritized for your organization (e.g., part of Community Health Improvement Plan, included into measure for public health accreditation). Describe measures your agency/organization will take to assure progress on this project in the event of competing priorities (e.g., COVID).
  - d. Provide a description of the personnel your agency/organization will dedicate to working on this project. Please include names, a brief description of qualifications, the percentage of time they will allot to work on the grant, and the major role(s) they will play in work of the grant. The expectation is that an agency will dedicate at least one full-time equivalent position to this work (does not have to be one staff person – can be percentages that add up to at least 100%).
  - e. Please also provide a statement stating your commitment to submit monthly progress indicators and attend required meetings as detailed in section "W. Reporting Requirements" of this RFP.
7. **Jurisdictional Issue/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. This should include an overview of the population demographics of your jurisdiction as well as measures of the impact of tobacco on your community. Please identify the potential priority population(s) you may need to consider that demonstrate a higher burden of tobacco use and health inequities that contribute to tobacco use disparities that exist.

Only provide national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of disparity (e.g., population, location) health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable to serve as

baseline data upon which evaluation will be based. Clearly identify the target prioritized population(s). Suggested data sources that can be used to develop this portion of the application can be found in Appendix F. Complete the data table tab of the spreadsheet document illustrated in Appendix G. The editable excel spreadsheet will be emailed to you following submission of your notice of intent to apply for funding (NOIAF) that can be found in Appendix A. You must identify at least one geographical area of disparity in your jurisdiction, based on a source of data listed in the data table. There are shaded columns in the spreadsheet for use throughout the budget period if an award is made to your agency. Only the unshaded columns are required to be filled for the application.

Please describe any work being conducted by your agency/organization toward tobacco prevention and/or control that is not or will not be funded by the Local Tobacco Prevention and Control Grant (e.g., Baby and Me Tobacco Free, Creating Health Communities, Smoke Free Workplace Enforcement, compliance checks not funded by the grant, other internal or external partners, programs, or organizations that do any significant work around tobacco issues).

**Methodology:** Deliverables, Objectives and Activities are defined in Appendix H with additional detail available in the workplan spreadsheet provided in Appendix I (choose appropriate option for tier and jurisdictional size) and in the draft deliverable documents that will be emailed to the project contact within 3 days of submission of the Notice of Intent to Apply for funding located in Appendix A (final deliverable documents will be provided by July 1, 2022). The workplan, which includes budget amounts for deliverables and activities can be found in Appendix I. An editable work plan spreadsheet will be emailed to the email address of the contact person listed on the NOIAF (Appendix A), once the NOIAF has been submitted. The applicant must complete only the yellow fields in the workplan and submit it with your application. No non-yellow fields should be altered. Activities and budgeted amounts are fixed.

#### **Building Infrastructure for Tobacco Prevention and Control (Both Tier One and Tier Two):**

The TU23 grant will have a deliverable focused on capacity building for applicants for both Tier One and Tier Two. The major focus areas for this deliverable will be partnerships, data, and sustainability. In the methodology section of the project narrative please provide at least one example of how your agency has leveraged a partnership to obtain a successful outcome. Also, provide at least one challenge you have experienced or anticipate experiencing in building partnerships for tobacco prevention and control work and how you plan to work to overcome this challenge. Complete the partnership table tab of the spreadsheet document illustrated in Appendix J. An editable excel spreadsheet will be emailed to you following your submission of NOIAF (Appendix A). Please list all existing significant partnerships you have developed for working on tobacco related issues (Tier 1 – list existing partnerships you currently have that you believe will work with you on tobacco issues). Also, in the partnership table, provide at least five (5) potential major partnerships you plan to pursue this coming TU23 grant year, considering the scope of work for TU23 and where partnership gaps might exist. You will be asked during the budget and project period of this grant to identify and/or maintain partnerships with non-traditional organizations with experience addressing barriers to social determinants of health that contribute to disparities. Please include as at least one of your five potential partners a partner with this experience. For existing and potential partners please fill out all visible fields of the spreadsheet. Do not fill in shaded columns as these are for later use should you receive an award. Completion of only the unshaded columns is required for submission of your application.

#### **For Tier One applicants, only (see Tier 2 instruction for additional methodology requirements below this section):**

Please briefly describe experience your agency/organization has had working on tobacco prevention and control issues or any resources or partners that may aid you in initiating work on tobacco cessation in your jurisdiction.

Also, briefly describe your previous efforts at working with or providing training to healthcare professionals and other organizations.

**For Tier Two applicants, only:**

Briefly discuss any challenges you encountered during the TU22 grant period with cessation efforts and the lessons learned or strategies you intend to use or apply to overcome challenges you may encounter during TU23 grant. Please include at least one example of a cessation outreach effort you will pursue this year that will reach a large audience of smokers/tobacco users.

Briefly discuss any challenges you encountered during the last grant period with secondhand smoke policy work and the lessons learned or strategies you intend to use or apply to overcome challenges you may encounter during this coming grant year. Please provide at least one example of how you will build support for policy change among your community base.

Briefly discuss any challenges you encountered during the last grant period with point-of-sale policy work and the lessons learned or strategies you intend to use or apply to overcome challenges you may encounter during this coming grant year. Please describe at least one challenge you anticipate with beginning work on a tobacco retail licensure policy and how you intend to address it.

Briefly discuss any challenges you encountered during the last grant period with youth prevention efforts and the lessons learned or strategies you intend to use or apply to overcome challenges you may encounter during this coming grant year. Please give at least one example of how you intend to enhance youth engagement.

Briefly discuss any challenges you encountered during the last grant period with health equity efforts and the lessons learned or strategies you intend to use or apply to overcome challenges you may encounter during this coming grant year. Please summarize the identified work of the Health Equity Strategic Plan and identify at least one SMART objective (with a measurable outcome) that will likely be a target of this year's work. Describe how you intend to establish or maintain community inclusion and feedback in health equity work this grant period, including direct input and feedback from community members. Also, provide at least one example of how you will evaluate a health equity activity/project.

Briefly discuss any challenges you encountered during the last grant period with media efforts and the lessons learned or strategies you intend to use or apply to overcome challenges you may encounter during this coming grant year. Please give at least one example of an earned media effort (publicity or exposure gained from methods other than paid advertising) you intend to use to enhance state level campaigns during TU23.

- E. Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

- F. Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grantfunds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH willhold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), registerin SAM.gov and submit the information in the grant application. For information about the DUNS,go to [www.dnb.com](http://www.dnb.com). For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov) or the Office of Management and Budget’s website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

**(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)**

- G. Attachment(s):** Attachments are documents which are not part of the standard GMIS application butare deemed necessary to a given grant program. All attachments must clearly identify the authorizedprogram name and program number. All attachments submitted to GMIS must be attached in the “Project Narratives” section and be in one of the following formats: PDF, Microsoft Word or MicrosoftExcel. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by **4:00 p.m. on or before March 14, 2022.**

If the application is submitted by mail, a minimum of an original copy and three additional copies are required.

### III APPENDICES

- A. Notice of Intent to Apply for Funding (NOIAF)
- B. GMIS Access Request Form
- C. Deliverable – Objective Descriptions
- D. Budget Justification/Allocations
- E. Application Review Form
- F. Potential Sources for Data to Assist in Identifying and Defining Health Disparities/Inequities
- G. Example of Data Table (Fillable spreadsheet provided with NOIAF)
- H. Scope of Work Table – Deliverables, Objectives and Activities
- I. Workplan – jurisdiction specific fillable workplan will be provided upon submission of NOIAF
- J. Example of Partnership Table (Fillable spreadsheet provided with NOIAF)

## Appendix A

Reimbursement Type Select one of the options below: <input type="checkbox"/> Monthly <input type="checkbox"/> OR <input type="checkbox"/> Quarterly
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### NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health Office of  
the Medical Director  
Bureau of Health Improvement and  
Wellness

*Tobacco Prevention and Cessation Program TU23:*  
Local Tobacco Prevention and Control Grant  
ALL INFORMATION REQUESTED MUST BE COMPLETED.

### Submission Required

See due date below.

New Applicants must submit the  
GMIS Access form with the Notice of  
Intent to Apply for Funding Form

County of Applicant Agency \_\_\_\_\_ Federal Tax Identification Number \_\_\_\_\_

Geographic Area Applying to Cover \_\_\_\_\_

**NOTE:** The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)	<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
	<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_  
\_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

*Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.*

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

**If yes, no further action is needed. If no,** ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Mandy.Burkett@odh.ohio.gov BY February 9, 2022.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

## Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

### GMIS Training, User Access, Access Change or Deactivation Request

**One request per person.** Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: \_\_\_\_\_

Check the type of access and complete the information requested:

☐ Employee — needs GMIS Training

☐ New Employee — needs GMIS Access. Effective Date of Activation: \_\_\_\_\_

☐ Existing Employee — New GMIS User or GMIS User Access Change.

Effective/Change Date: \_\_\_\_\_

☐ Deactivation — User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): \_\_\_\_\_

Or Effective Date of Deactivation (GMIS 2.0 access only): \_\_\_\_\_

Agency Name & Address: \_\_\_\_\_

Employee Name (no nicknames):

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization Signature for User Access/Change/Deactivation:

\_\_\_\_\_  
Signature of Agency Head or Agency Financial Head

\_\_\_\_\_  
Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: [karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)

## Appendix C1A – TIER ONE ONLY

Name of Subgrant Program: Tobacco Use Prevention and Cessation (TIER ONE ONLY)

Budget Period: July 1, 2022-June 30, 2023

# of Deliverables: 2

Use Budget Justification Scenario #: 1 (Appendix D1)

### 2 Deliverables Only

**Deliverable — Objective 1:** By June 30, 2025, increase capacity for tobacco prevention and cessation work through enhancement of infrastructure

- Build networked partnerships
- Identify, collect, analyze, and use community level data

**Deliverable — Objective 2:** By June 30, 2025, document enrollment to Ohio Tobacco Quit Line of 3% of adult smokers.

- Conduct outreach and training to service providers to increase referrals to the OTQL
- Complete community outreach activities to support cessation efforts
- Achieve Ohio Tobacco Quit Line enrollments for 1% of adult smokers

## Appendix C1B – TIER TWO ONLY

**Name of Subgrant Program: Tobacco Use Prevention and Cessation (TIER TWO ONLY)**

**Budget Period: July 1, 2022-June 30, 2023**

**# of Deliverables: 7**

**Use Budget Justification Scenario #: 3 (Appendix D2 – single jurisdiction applications) or 2 (Appendix D3 – consortium applications)**

### 7 Deliverables Only

**Deliverable — Objective 1:** By June 30, 2025, increase capacity for tobacco prevention and cessation work through enhancement of infrastructure

- Build networked partnerships
- Identify, collect, analyze, and use community level data

**Deliverable — Objective 2:** By June 30, 2025, 5% of adult smokers and 2% of youth nicotine users will have a documented quit attempt.

- Promote Screening and Referral (youth): Conduct outreach and training on nicotine use screening and referral to treatment to entities who serve youth (pediatric providers, schools, and youth-centered organizations) with the goal of increasing referral of youth to cessation treatment. Conduct outreach and training on nicotine use screening and referral to treatment to stakeholders who work with youth (e.g., providers, schools, youth, and youth centered organizations)
- Promote Screening and Referral (adults): Provide training on "Ask, Advise, Refer" to clinical and non-clinical/community-based settings that reach a total of 10% of the county's adult population annually.
- Promote and Document Community Quit Attempts: Identify local cessation service providers (with emphasis on those who served priority populations) with the goal of creating awareness of cessation services and documenting annual quit attempts (both adult and youth).
- Complete community outreach and engagement activities to support community cessation efforts

**Deliverable — Objective 3:** By June 30, 2025, decrease the number of people potentially exposed to secondhand smoke and/or vapor through expansion of community tobacco policies by x% of population (9% or 15% based on jurisdiction population)

- Identify current policies and collaborate with partners to determine potential policy priorities
- Determine implementation plans for each policy priority identified and initiate implementation
- Complete community outreach and engagement activities to support secondhand smoke policy adoption
- Achieve adoption of priority policy/policies that cover x% of population total of policy scan (1.5% or 2.5% based on jurisdiction population included in policy scan)

**Deliverable — Objective 4:** By June 30, 2025, decrease the accessibility and availability of tobacco to youth, through promotion and adoption of a tobacco retail licensure (TRL) or enhancement if TRL has already adopted in jurisdiction

- Complete initial planning for tobacco retail licensure policy adoption or enhancement

**Deliverable — Objective 5:** 1) By June 30, 2025, maintain or increase jurisdictional compliance rate. 2) By June 20, 2026, increase youth community readiness assessment score by at least 0.5 points.

- Conduct compliance checks using underage purchasers
- Conduct a total of at least four community education events focused on youth tobacco use prevention (at least one to a youth audience, one to a parent audience, and two to other community organizations/groups)
- Conduct one of three ODH provided youth engagement community projects
- Complete community outreach and engagement activities to support youth tobacco prevention efforts

**Deliverable — Objective 6:** By June 30, 2025, improve progress toward outcome objectives identified in the Health Equity Strategic Plan to impact tobacco use disparities.

- Establish/continue contract with local lead agency
- Initiate implementation of health equity strategic plan
- Complete community outreach activities to support health equity efforts

**Deliverable — Objective 6:** By June 30, 2025, increase the number of earned media and expansion activities at the community level that support state level mass media campaigns.

- Support and expand the reach of state level mass media campaigns
- Conduct one local cessation campaign

**Appendix D1 – Budget Justification/Allocations -TIER ONE ONLY**

**Deliverable Objective 1 (Community Readiness) \$**

Objective A \$

Objective B \$

**Deliverable Objective 2 (SHS Policy) \$**

Objective A \$

Objective B \$

Objective C \$

## Appendix D2 – Budget Justification/Allocations -TIER TWO – Single Jurisdiction

### **Deliverable Objective 1 (Infrastructure/Capacity) \$**

Objective A \$

Objective B \$

### **Deliverable Objective 2 (Cessation) \$**

Objective A \$

Objective B \$

Objective C \$

Objective D \$

### **Deliverable Objective 3 (SHS Policy) \$**

Objective A \$

Objective B \$

Objective C \$

Objective D \$

### **Deliverable Objective 4 (POS Policy/TRL) \$**

Objective A \$

### **Deliverable Objective 5 (Youth Prevention) \$**

Objective A \$

Objective B \$

Objective C \$

Objective D \$

### **Deliverable Objective 6 (Health Equity) \$**

Objective A \$

Objective B \$

Objective C \$

### **Deliverable Objective 7 (Media) \$**

Objective A \$

Objective B \$

## Appendix D3 – Budget Justification/Allocations -TIER TWO – Multiple Jurisdictions

**Deliverable Objective 1 (Infrastructure/Capacity) \$**

County One \$  
County Two \$  
County Three \$

**Deliverable Objective 2 (Cessation) \$**

County One \$  
County Two \$  
County Three \$

**Deliverable Objective 3 (SHS Policy) \$**

County One \$  
County Two \$  
County Three \$

**Deliverable Objective 4 (POS Policy/TRL) \$**

County One \$  
County Two \$  
County Three \$

**Deliverable Objective 5 (Youth Prevention) \$**

County One \$  
County Two \$  
County Three \$

**Deliverable Objective 6 (Health Equity) \$**

County One \$  
County Two \$  
County Three \$

**Deliverable Objective 7 (Media) \$**

County One \$  
County Two \$  
County Three \$

## Appendix E – Application Review Form

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

### TU23 Grant Evaluation Form

Applicant Agency: \_\_\_\_\_ Total Requested Budget: \_\_\_\_\_

Tier One \_\_\_\_\_ Tier Two \_\_\_\_\_ Deliverable A4 jurisdiction: \_\_\_\_\_

Scoring Instructions					
Does not Meet	Weak	Weak to Meets	Meets	Meets to Strong	Strong
0	1	2	3	4	5

- Does Not Meet (0): Response does not comply substantially with requirements or is not provided
- Weak (1): Response was poor related to meeting the objectives
- Weak to Meets (2): Response indicates the objectives will not be completely met or at a level that will be below average
- Meets (3): Response generally meets the objectives (or expectations)
- Meets to Strong (4): Response indicates the objectives will be exceeded
- Strong (5): Response significantly exceeds objectives or expectations

- ☐ Recommend
- ☐ Not recommended

Comments:

Special Conditions:

Section	Maximum Points – Tier 1	Maximum Points – Tier 2	Score
<b>Items with no color scored for both tiers; blue tier one only; green tier two only</b>			
Prior Performance	0	10	
Health Equity	8	20	
Program Narrative	10	50	
Work Plan	10	10	
Budget Justification	10	10	
Human Trafficking	3 (extra)	3 (extra)	
<b>TOTAL</b>	<b>38</b>	<b>103</b>	

Prior Performance	Score	Weight	Total	Comments:	Page No.
Submitted required information in a timely manner		.6			
Is on task to complete all deliverables		.6			
Attends required meetings		.6			
Participates and uses information provided in documents and by PHC		.6			
Health Equity	Score	Weight	Total	Comments:	Page No
Used local data to identify subpopulations that bear disproportionate burden of tobacco (Problem/Need)		.8			
Identified at least one geographical reference point for potential program activities (Problem/Need)		.8			
Discussed how feedback will be obtained and use from community (Methodology)		.8			
Identified measurable health equity targets (Methodology)		.8			
Provided one example of how a health equity activity/project will be evaluated (Methodology)		.8			

Program Narrative	Score	Weight	Total	Comments	Page No
Organization/Staffing					
Organizational structure related to program/ capacity		.34			
Previous experience working on tobacco or project/initiatives of similar scope		.34			
Description of measures to be taken to assure work considering competing priorities		.34			
Description of personnel working on the project		.34			
% of time assigned to each personal – at least a total of 1.0 FTE		.34			
Statement provided stating commitment to submit monthly progress indicators and comply with required meetings		.34			
Jurisdiction Issue/Need					
Provides a demographic overview of the population of the jurisdiction		.34			
Provided local data to support the needs of the community in relation to tobacco control work, identification of populations that bare disparate burden				Scored under health equity	

	Score	Weight	Total	Comments	Page No
Used data to support description and establish need.		.34			
Documented data used in data tab of partnership/data spreadsheet		.34			
Described any work being conducted by agency or agency partners/community organizations on tobacco, not funded by this grant		.34			
Methodology					
Described how agency has leveraged a partnership to obtain a successful outcome		.34			
Provided at least one challenges experienced or anticipated experiencing in building partnerships		.34			
Described how challenge will be addressed		.34			
Completed required fields of partnership table for existing partners		.34			
Identified at least 5 major potential partners on partnership spreadsheet appropriate for partnership/sector gaps one of which has experience working on social determinants of health to impact disparities		.34			

	Score	Weight	Total	Comments	Page No
Brief description of experience working on tobacco and resources partners that may assist		2			
Challenges encountered TU22 with cessation work		.34			
Lessons learned or potential strategies to overcome provided - cessation		.34			
Challenges encountered TU22 with SHS policy		.34			
Example of how to build support for policy change in their community		.34			
Challenges encountered TU22 with POS policy		.34			
Lessons learned or potential strategies to overcome provided – POS policy		.34			
Challenges encountered TU22 with youth prevention		.34			
Example of how to engage youth		.34			
Challenges encountered TU22 with HE efforts		.34			
Summary of HE strategic plan initiatives		.34			
Describes how community feedback will be obtained and incorporated		.34			

	Score	Weight	Total	Comments	Page No
One example of how health equity activity project will be evaluated				Scored under health equity	
Challenges with media TU22		.34			
Lessons learned or potential strategies to overcome provided – media		.34			
Example provided of one earned media strategy that will be pursued		.34			
Work Plan	Score	Weight	Total	Comments	Page No
Filled in responsible party for each activity – no changes to funding amounts made		2			
Human Trafficking	Score	Weight	Total	Comments	Page No
Victims of human trafficking are included in agency's population		.3			
Agency promotes expansion of services to ID and serve those affected by human trafficking		.3			

Budget	Score	Weight	Total	Comments	Page No
Does not exceed the maximum allowable award		.66			
All costs are contained within Deliverables in the Other Direct Costs category – GMIS matches budget narrative provided		.66			
Budget narrative identifies the unit cost for each deliverable and the cost assigned to each objective		.66			

## Appendix F

### Potential Sources for Data to Assist in Identifying and Defining Health Disparities/Inequities

1. Populations that have demonstrated inequitable burden of tobacco at the national and/or state level:
  - African Americans
  - American Indians/Alaska Natives
  - Asian Americans, Native Hawaiians, or Pacific Islanders
  - Geographic regions
  - Hispanic/Latinos
  - Lesbian, Gay, Bisexual, Transgender, and Queer
  - Individuals with low socioeconomic status
  - Individuals with behavioral health conditions
  - Individuals living with a disability
  - Individuals with military/veteran status
2. Consider how health inequities related to social determinants of health have contributed toward disparities that exist and how you can integrate work on SDH into your efforts to decrease tobacco use/impact disparities
  - Access to health care services
  - Access to social support services
  - Safe housing
  - Access to healthy food options
  - Job opportunities
  - Active living opportunities
  - Public safety
3. Potential Sources of Data
  - Community Health Assessment conducted to develop your Community Health Improvement Plan (must have been conducted within the last 5 years)
    - Data compiled during this and previous years of TU Local Tobacco Grant (Compliance Check data, Policy Scan data, Policy Survey data, Store Audit data)
  - Claritas data provided by ODH
  - [Census QuickFacts](#): QuickFacts provides census data statistics for all states, counties, cities and small towns with a population of 5,000 or more – topics include general population, age, sex, race, limited population characteristics, housing stats, computer and internet use, education, some general health information, basic economic information, transportation, income and poverty, basic business stats, and some geographical information.
  - [County Health Rankings](#): Can enter state, county or ZIP Code to get lowest locality of data Available (county) on snapshot of how health is influenced by where we live, learn, work and play - includes an estimate of county adult smoking level, but estimates cannot be used for comparison across years.
  - [Ohio Health Improvement Zones Dashboard](#) - Ohio Health Improvement Zones (OHIZ) refers to the socioeconomic and demographic factors that affect the resilience of individuals and communities – the ability to prevent human suffering and financial loss in a disaster. By understanding where these populations are located and

what factors contribute to their levels of risk, Ohio Health Improvement Zones can aid in all phases of improving health in communities

- [CDC's Social Vulnerability Index \(SVI\)](#): Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. CDC's Social Vulnerability Index uses 15 U.S. census variables at tract level to help local officials identify communities that may need support – data is meant for help in disaster planning, but shows vulnerable geographic areas at the census block level
- [City Health Dashboard](#): Provides measures of health, the factors that shape health and the drivers of health equity to guide local solutions for US cities (cities with population over 50,000)
- [Community Commons \(bottom\)](#): Provides a wide variety of publicly available data and mapping tools
- [Census data](#): At this site you can access census data for small local areas – basic demographic variables, such as age, race, sex and income, but also other facts about housing. If you've never used census data you might start with the "Explore data" pull down on the main page and review "Explore Data Main" tab on the pull down.
- [Ohio Medicaid Assessment Survey](#): This interactive tool provides a data-driven view of Ohio's health and healthcare landscape - You can select data to analyze, examine trends and compare key populations. The dashboard provides fast, real-time results, giving you plots, maps and tables you can insert into documents and presentations. You can use it without having to know any programming or statistical techniques

## Additional Resources

The following table is taken from CDC's [Promoting Health Equity](#) document and gives some helpful ideas about non-traditional ways to assess and evaluate progress in a community related to the social determinants of health.

Applying Assessment Methods to Different Types of Social Determinants		
Method	Context	Example Measures
Review of existing data	Social	> Crime rates. > Housing patterns. > Law enforcement policies.
	Economic	> Poverty rates. > Local tax dollars spent on health, education, transportation, etc. > Policies on government spending.
	Environment	> Land-use policies (e.g., commercial, residential, parks). > Industry standards (e.g., pollutants). > Maintenance policies and procedures (e.g., trash, playground equipment).
Surveys, qualitative interviews, focus groups, appreciative inquiry, concept mapping	Social	> Perception of racism and discrimination. > Perception of a sense of community. > Feeling safe from interpersonal crime.
	Economic	> Perception of job availability. > Perception of local businesses' financial contributions to the community. > Attitude toward policies on public spending.
	Environment	> Knowledge of environmental hazards in the community (e.g., pollution, illegal dumping). > Perception of access to places and resources to maintain health. > Attitude toward policies related to the environment (e.g., pollutants).

Brainstorming	Social Economic Environment	<ul style="list-style-type: none"> <li>&gt; Community list of priority concerns.</li> <li>&gt; Perception of strengths and weaknesses of previous efforts to address concerns.</li> <li>&gt; Identification of innovative ways to address concerns.</li> </ul>
Photovoice	Social Economic Environment	<ul style="list-style-type: none"> <li>&gt; Pictures of people, places, or events that can be used to describe or tell a story about the community, such as:               <ul style="list-style-type: none"> <li>• People talking or greeting one another; people arguing or acting hostile to one another.</li> <li>• Closed schools or businesses, building remodeling, or construction</li> <li>• Trees, art or cultural decoration; abandoned cars or litter.</li> </ul> </li> </ul>
Community audits	Social Economic Environment	<ul style="list-style-type: none"> <li>&gt; Documentation (e.g., checklists, inventories) of observations of people, places, equipment, maintenance, or aesthetics in the community environment, such as:               <ul style="list-style-type: none"> <li>• People engaging in physical activities; people driving in cars.</li> <li>• Absence of grocery stores, supermarkets, and produce markets; presence of fast food restaurants and convenience stores.</li> <li>• Parks with paved, marked, multi-use trails; playgrounds with broken swings or rusty equipment.</li> </ul> </li> </ul>
Health impact assessment		<ul style="list-style-type: none"> <li>&gt; Existing evidence: published reviews, gray literature, and views and opinions of people and organizations affected by the issue.</li> <li>&gt; Identification of health relevance of a policy or project of interest.</li> <li>&gt; Estimation of the size of health impact of the policy or project of interest.</li> <li>&gt; Identification of key health issues and concerns.</li> </ul>

### Appendix G – Example of Data Table – Fillable spreadsheet provided upon submission of NOI AF

[illegible]

## Appendix H – Scope of Work Table

Tier One – Deliverables, Objectives, Activities		
Deliverable 1: By June 30, 2025, Increase capacity for tobacco prevention and cessation work through enhancement of infrastructure		Baseline: Partnership scan; Data survey Q1 TU23 Outcome: Partnership scan; Data survey Q4 TU25
Objective	Activities	
A. Build networked partnerships	<ul style="list-style-type: none"> <li>• In collaboration with existing major partners, conduct a partnership scan (internal and external to your agency/organization) to determine partnership gaps in issue areas/community sectors with a special focus on cessation</li> <li>• Determine plan to address partnership gaps in cessation</li> <li>• Conduct routine partnership enhancement and maintenance</li> </ul>	
B. Identify, collect, analyze, and use community level data	<ul style="list-style-type: none"> <li>• Conduct a community survey to gather information about community support for tobacco prevention and control strategies</li> <li>• Conduct a scan of available local data (e.g., CHA data, county-specific surveys of adults or youth; data collected for health equity work, compliance check and store audit data)</li> <li>• Work to maintain current data sources and fill data gaps identified</li> <li>• In collaboration with partners, develop a plan to use appropriate data to increase community support of local cessation efforts (e.g., earned media, partner promotion, presentations, community events)</li> <li>• Conduct community readiness assessment focused on cessation during quarter 1 of the grant and on youth prevention and control during fourth quarter of grant</li> </ul>	
Deliverable 2: By June 30, 2025, document enrollment to Ohio Tobacco Quit Line of 3% of adult smokers and 2% of youth nicotine users.		Baseline: Estimated # of smokers or community derived measure (Q1 TU23) Outcome: Documented quit attempts for 5% of adult smokers and 2% of nicotine users (based on Q1 TU23 baseline)
Objective	Activities	
A. Conduct outreach and training to service providers to increase referrals to the OTQL	<ul style="list-style-type: none"> <li>• Conduct provider scan to determine prevalence of tobacco screening and referral in the community</li> <li>• Provide summary of results along with action plan for training additional providers</li> <li>• Conduct “Ask, Advise, Refer” trainings and document census of patients for providers trained (train enough providers to reach 3% the population, measured by total annual patient census of trained providers)</li> </ul>	
B. Complete cessation related community outreach and engagement activities	<ul style="list-style-type: none"> <li>• Complete 1 outreach/engagement activity during the first quarter</li> <li>• Complete 3 outreach/engagement activities each subsequent quarter of the grant</li> </ul> <p><b>Note:</b> Outreach/engagement activities will be tailored to domain scores of community readiness assessment completed during quarter 1. Acceptable activities will be provided by ODH, or alternate activities can be proposed for approval.</p>	
C. Achieve OTQL enrollment for 1% of adult smokers		

D. Support and expand the reach of state level cessation mass media campaign	<ul style="list-style-type: none"> <li>• Complete at least one earned and at least two expansion efforts to support state level cessation campaign</li> </ul>
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## Tier Two – Deliverables, Objectives, Activities

Deliverable 1: By June 30, 2025, increase capacity for tobacco prevention and cessation work through enhancement of infrastructure		Baseline: Partnership scan; Data survey Q1 TU23 Outcome: Partnership scan; Data survey Q4 TU25
Objective	Activities	
A. Build networked partnerships	<ul style="list-style-type: none"> <li>• In collaboration with existing major partners, conduct a partnership scan (internal and external to your agency/organization) to determine partnership gaps in issue areas/community sectors</li> <li>• Determine plan to address partnership gaps</li> <li>• Conduct routine partnership enhancement and maintenance</li> </ul>	
B. Identify, collect, analyze, and use community level data	<ul style="list-style-type: none"> <li>• Conduct a community survey</li> <li>• Conduct a scan of available local data (e.g., CHA data, county-specific surveys of adults or youth; data collected for health equity work, compliance check and store audit data)</li> <li>• Work to maintain current data sources and fill data gaps identified</li> <li>• In collaboration with partners, develop a plan to use appropriate data to increase community support of local tobacco prevention and control efforts (e.g., earned media, partner promotion, presentations, community events)</li> <li>• Conduct annual community readiness assessment focused, this year, on youth prevention and control</li> <li>• Conduct youth specific community readiness assessment</li> </ul>	
Deliverable 2: By June 30, 2025, 5% of adult smokers and 2% of youth nicotine users will have a documented quit attempt.		Baseline: Estimated # of smokers or community derived measure (Q1 TU23) Outcome: Documented quit attempts for 5% of adult smokers and 2% of youth nicotine users (based on Q1 TU23 baseline)
Objective	Activities	
A. Screening and Referral (youth): Conduct outreach and training on nicotine use screening and referral to treatment to entities who serve youth (pediatric providers, schools, and youth-centered organizations) with the goal of increasing referral of youth to cessation treatment	<ul style="list-style-type: none"> <li>• Develop and gain approval for outreach and training plan</li> <li>• Provide training of AAP resources in clinical settings</li> <li>• Conduct screening and referral training in non-clinical settings that work with youth</li> <li>• Obtain agreements from providers/non-clinical settings to document number of youth screened</li> <li>• Submit documentation of 2% of youth in jurisdiction are screened for tobacco use</li> </ul>	
B. Promote Screening and Referral (adults): Provide training on "Ask, Advise, Refer" to clinical and non-clinical/community-based settings that reach a total of 10% of the county's adult population annually.	<ul style="list-style-type: none"> <li>• Develop and gain approval for plan to reach established target</li> <li>• Conduct AAR trainings</li> <li>• Document referrals of 1% of adult smokers in the funded county through provider referral portal</li> </ul>	
C. Promote and Document Community Quit Attempts: Identify local cessation service providers (with emphasis on those who served priority populations) with the goal of creating awareness of cessation services and documenting annual quit attempts (both adult and youth).	<ul style="list-style-type: none"> <li>• Conduct community cessation services scan</li> <li>• Submit plan to promote and document quit services</li> <li>• Document community quit attempts</li> <li>• Achieve quit attempts for youth (0.5% of nicotine users) and for adults (1.5% of adult smokers)</li> </ul>	

D. Complete cessation related community outreach and engagement activities	<ul style="list-style-type: none"> <li>Complete 1 outreach/engagement activity during the first quarter</li> <li>Complete 2 outreach/engagement activities each subsequent quarter of the grant</li> </ul> <p><b>Note:</b> Outreach/Engagement activities will be tailored to domain scores of last community readiness assessment completed for this issue area. Acceptable activities will be provided by ODH, or alternate activities can be proposed for approval.</p>
Deliverable 3: By June 30, 2025, decrease the number of people potentially exposed to secondhand smoke and/or vapor through expansion of community tobacco policies to cover 6% (county population of less than 200,000) or 3% (county population of 200,000 or more) of population identified by policy scan	Baseline: Policy scan population total (Q1, TU23) Outcome: same (Q4 TU25)
Objective	Activities
A. Identify current policy efforts and collaborate with partners to determine potential policy priorities to reach x% of population identified in policy scan document (one year goal of 1% or 2% depending on population size above)	<ul style="list-style-type: none"> <li>Conduct community policy scan</li> <li>Identify and recruit key partners</li> <li>Collaborate with partners to identify policy priorities</li> </ul>
B. Determine implementation plans for each policy priority identified and initiate implementation	<ul style="list-style-type: none"> <li>Develop site specific implementations plans for priority targets (utilizing ODH provided templates as guide)</li> <li>Initiate activities of plan</li> </ul>
C. Complete SHS policy related outreach and engagement activities	<ul style="list-style-type: none"> <li>Complete 1 outreach/engagement activity during the first quarter</li> <li>Complete 2 outreach/engagement activities each subsequent quarter of the grant</li> </ul> <p><b>Note:</b> Outreach/engagement activities will be tailored to domain scores of last community readiness assessment completed for this issue area. Acceptable activities will be provided by ODH, or alternate activities can be proposed for approval.</p>
D. Achieve adoption of priority policy/policies that cover x% of population total of policy scan (1% or 2% based on jurisdiction population as noted in deliverable)	
Deliverable 4: By June 30, 2025, decrease the accessibility and availability of tobacco to youth through promotion and adoption of a tobacco retail licensure (TRL) or enhancement if TRL has already adopted in jurisdiction	Outcome: Adoption of a POS TRL or enhancement of an existing TRL
Objective	Activities
A. Complete initial planning for TRL policy adoption or enhancement	<ul style="list-style-type: none"> <li>Gather data</li> <li>Identify and recruit necessary initial partners (for enhancement: review partnerships and identify gaps and recruit)</li> <li>Identify and recruit additional necessary and useful partners</li> <li>Define issue and key messages</li> <li>Conduct SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis</li> <li>Develop implementation plan</li> </ul>

Deliverable 5: 1) By June 30, 2025, maintain or increase jurisdictional compliance rate. 2) By June 20, 2026, increase youth community readiness assessment score by at least 0.5 points.		Baseline: 1) Compliance rate (Q4 TU22); 2) Youth CRA score (Q4 TU22) Outcome: 1) Maintenance or increase in compliance rate (from Q4 TU22); 2) Youth CRA score (Q4 TU26)
Objective	Activities	
A. Conduct compliance checks	<ul style="list-style-type: none"> <li>• Obtain list of retail establishments to be checked from ODH which includes working with local law enforcement</li> <li>• Complete a plan for conducting compliance check buys</li> <li>• Train underage purchasers to conduct compliance check buys</li> <li>• Conduct compliance checks</li> <li>• Conduct retailer follow up</li> </ul>	
B. Conduct a total of at least four community education events (at least one to each defined audience) focused on preventing youth tobacco use	<ul style="list-style-type: none"> <li>• Conduct at least one community education presentation focused on preventing youth tobacco use that will reach at least 100 youth</li> <li>• Conduct at least one community education presentation focused on preventing youth tobacco use that will reach at least 25 parents</li> <li>• Conduct at least two additional community education presentations focused on preventing youth tobacco use that will reach at least 25 community members each (e.g., community groups or organizations, healthcare professionals, school officials)</li> </ul>	
C. Conduct one of three ODH provided youth engagement community projects	<ul style="list-style-type: none"> <li>• Complete quarterly activities as outlined in the templates provided by ODH. Projects will focus on recruiting and educating youth to participate in a tobacco prevention advocacy event/project (advocacy through art, environmental impact of tobacco, anti-vaping video contest)</li> <li>• Achieve SMART objective of chosen project</li> </ul>	
D. Complete youth prevention community outreach and engagement activities	<ul style="list-style-type: none"> <li>• Complete 1 outreach/engagement activity during the first quarter</li> <li>• Complete 2 outreach/engagement activities each subsequent quarter of the grant</li> <li>• <b>Note:</b> Outreach/engagement activities will be tailored to domain scores of last community readiness assessment completed for this issue area. Acceptable activities will be provided by ODH, or alternate activities can be proposed for approval.</li> </ul>	

<b>Deliverable 6: By June 30, 2025, improve progress toward outcome objectives identified in the Health Equity Strategic Plan to impact tobacco use disparities.</b>		Baseline: Baseline objective measures in HE strategic plan developed in TU22 (Q4) Outcome: Objective measures from strategic plan, TU25 (Q4)
Objectives	Activities	
A. Establish/continue contract with local lead agency	<ul style="list-style-type: none"> <li>• Execute a contract with local lead agency that clearly defines deliverables of the contract period (e.g., steps toward implementing the developed Health Equity Strategic Plan)</li> </ul>	
B. Collaborate with Lead Agency as contract manager and partner to assure implementation of initial goals and objectives of the Health Equity Strategic Plan	<ul style="list-style-type: none"> <li>• Provide technical assistance to lead agency in developing approach to promote the strategic plan – provide a plan from the lead agency, outlining the intended activities and outcomes for each quarter of the contract/grant period</li> <li>• Provide technical assistance to local lead agency to assure implementation of plan is proceeding as required</li> <li>• Participate in meetings with lead agency and other partners to offer technical assistance, as appropriate</li> <li>• Before the close of the grant year, collaborate with lead agency to conduct a review and revision of the plan, as appropriate</li> </ul>	
C. Complete health equity related community outreach and engagement activities	<ul style="list-style-type: none"> <li>• Complete 1 outreach/engagement activity during the first quarter</li> <li>• Complete 2 outreach/engagement activities each subsequent quarter of the grant</li> </ul> <p><b>Note:</b> Outreach/engagement activities will be tailored to domain scores of last community readiness assessment completed for this issue area. Acceptable activities will be provided by ODH, or alternate activities can be proposed for approval.</p>	
<b>Deliverable 7: By June 30, 2025, increase the number of earned media and expansion activities at the community level that support state level mass media campaigns.</b>		Baseline: # of TU22 activities (earned and expansion) Outcome: # of TU25 activities (earned and expansion)
Objectives	Activities	
A. Support and expand the reach of state level mass media campaigns	<ul style="list-style-type: none"> <li>• Complete at least one earned and at least two expansion efforts per state campaign that align with the run of each state level campaign (estimated four state level campaigns during TU23 campaigns)</li> </ul>	
B. Conduct a paid cessation campaign – art provided by ODH	<ul style="list-style-type: none"> <li>• Submit media communications checklist</li> <li>• Run campaign for 3 months</li> </ul>	

## Appendix IA - Tier One Work Plan – Capacity Building

### Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan

Target Community  
Del


	Budgeted Amount
Infrastructure (I1)	\$ 11,500.00
Cessation (C2)	\$ 18,500.00
Total	\$ 30,000.00

## Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan

Agency: 0

Jurisdiction: 0

<b>Deliverable Objective 1 - Infrastructure (I):</b> By June 30, 2025, Increase capacity for tobacco prevention and cessation work through enhancement of infrastructure [Baseline: partnership scan (Q1 TU23), data survey (Q1 TU23); Outcome: partnership scan (Q4 TU25), data survey (Q4 TU25)]					
	Objective	Person Responsible	Start	End	Amount
I1A	<b>Build networked partnerships</b>				\$ 5,000
1	Conduct a Partnership Scan		7/1/2022	9/30/2022	\$ 2,000
2	Continue partnership enhancement and maintenance		10/1/2022	12/31/2022	\$ 1,000
3	Continue partnership enhancement and maintenance		1/1/2023	3/31/2023	\$ 1,000
4	Continue partnership enhancement and maintenance		4/1/2023	6/30/2023	\$ 1,000
I1B	<b>Identify, collect, analyze and use community level data</b>				\$ 6,500
1	Conduct community readiness assessment for cessation (ODH provided)		7/1/2022	8/31/2023	\$ 1,000
2	Identify, obtain, and review existing and potential data sources with an emphasis on locally available data		9/1/2022	9/30/2022	\$ 1,500
3	Work to fill data gaps; submit plan for use of data to increase community support of local tobacco priorities (cessation)		10/1/2022	12/31/2022	\$ 1,000
4	Continue to fill data gaps; use data to increase community support of local tobacco priorities		1/1/2023	3/31/2023	\$ 1,000
5	Continue to fill data gaps; use data to increase community support of local tobacco priorities		4/1/2023	6/30/2023	\$ 1,000
6	Conduct annual community readiness assessment for youth issue areas		6/1/2023	6/30/2023	\$ 1,000
<b>Total Infrastructure (I1) Budget - (input as total for Deliverable Objective 1 in budget justification and under budget in GMIS)</b>					<b>\$ 11,500</b>

# Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan

Agency:	0
Jurisdiction:	0

Deliverable Objective 2 - Cessation (C): By June 30, 2025, document enrollment to Ohio Tobacco Quit Line of 3% of adult smokers and 2% of youth nicotine users. (Year one focused on adults only)					
	Objective	Person Responsible	Start	End	Amount
<b>C2A</b>	<b>Conduct outreach and training to service providers to increase referrals to the Ohio Tobacco Quit Line (3 Activities)</b>				\$ 9,000
1	Conduct provider scan to determine available community resources, submit results, and provide action steps for remaining quarters		7/1/2022	7/31/2022	\$ 2,000
2	Provide summary of provider scan results along with action plan for training additional providers		9/1/2022	12/31/2022	\$ 3,000
3	Conduct "Ask, Advise, Refer" trainings and document census of patients for providers trained (train enough providers to reach 3% the population, measured by total annual patient census of trained providers)		9/1/2022	6/30/2023	\$ 4,000
<b>C2B</b>	<b>Complete cessation related community outreach and engagement activities</b>				\$ 5,250
1	Conduct at least 1 cessation outreach activity		7/1/2022	9/30/2022	\$ 750
2	Conduct at least 2 cessation outreach activities		10/1/2023	12/31/2022	\$ 1,500
3	Conduct at least 2 cessation outreach activities		1/1/2023	3/31/2023	\$ 1,500
4	Conduct at least 2 cessation outreach activities		4/1/2023	6/30/2023	\$ 1,500
<b>C2C</b>	<b>Achieve Ohio Tobacco Quitline enrollment for 1% of adult smokers in the county</b>				\$ 2,000
<b>C2D</b>	<b>Support and expand the reach of state level cessation mass media campaign</b>				\$ 2,250
1	Complete and submit media communication plan		TBD	TBD	\$ 250
2	Complete at least one earned media activity leveraging state level cessation campaign		TBD	TBD	\$ 1,000
3	Complete at least two expansion activities to leveraging state level cessation campaign		TBD	TBD	\$ 1,000
<b>Total Cessation (2) Budget - (input as total for Deliverable Objective 2 in budget justification and under budget in GMIS)</b>					<b>\$ 18,500</b>

## Appendix IB - Tier Two Work Plan – Jurisdiction over 60,000

### Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan

Agency:	
County:	
Target Community for POS	

	Budgeted Amount
Infrastructure (I1)	\$ 10,050.00
SHS Policy (P3)	\$ 17,250.00
Youth A&A (A4)	\$ 8,000.00
Youth Prevention (Y5)	\$ 23,950.00
Media (M7)	\$ 12,500.00
Cessation (C2)	\$ 40,750.00
Health Equity (H6)	\$ 19,500.00
Total	\$ 132,000.00

## Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan

Agency: 0

Jurisdiction: 0

<b>Deliverable Objective 1 - Infrastructure (I):</b> By June 30, 2025, Increase capacity for tobacco prevention and cessation work through enhancement of infrastructure [Baseline: partnership scan (Q1 TU23), data survey (Q1 TU23); Outcome: partnership scan (Q4 TU25), data survey (Q4 TU25)]					
	Objective	Person Responsible	Start	End	Amount
I1A	<b>Build networked partnerships</b>				\$ 3,400
1	Conduct a Partnership Scan		7/1/2022	9/30/2022	\$ 1,000
2	Continue partnership enhancement and maintenance		10/1/2022	12/31/2022	\$ 800
3	Continue partnership enhancement and maintenance		1/1/2023	3/31/2023	\$ 800
4	Continue partnership enhancement and maintenance		4/1/2023	6/30/2023	\$ 800
I1B	<b>Identify, collect, analyze and use community level data</b>				\$ 6,650
1	Implement community survey to collect <u>x</u> responses based on county population. <i>(Over 100,000-300 responses, 75,000-100,000-250 responses, 50,000-75,000-200 responses, under 50,000-150 responses).</i>		7/1/2022	9/30/2023	\$ 2,000
2	Report on survey results		9/1/2022	9/30/2022	\$ 500
3	With partners, review data currently available, identify any data gaps, and potential data sources to fill data gaps		7/1/2022	9/30/2022	\$ 800
4	Continue to fill data gaps; use data to increase community support of local tobacco priorities		10/1/2022	12/31/2022	\$ 800
5	Continue to fill data gaps; use data to increase community support of local tobacco priorities		1/1/2023	3/31/2023	\$ 800
6	Continue to fill data gaps; use data to increase community support of local tobacco priorities		4/1/2023	4/30/2023	\$ 800
7	Conduct annual community readiness assessment for POS and youth issue areas		6/1/2023	6/30/2023	\$ 950
<b>Total Infrastructure (I1) Budget - (input as total for Deliverable Objective 1 in budget justification and under budget in GMIS)</b>					<b>\$ 10,050</b>

## Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan

Agency:	0
Jurisdiction:	0

<b>Deliverable Objective 2 - Cessation (C):</b> By June 30, 2025, 5% of adult smokers and 2% of youth nicotine users will have a documented quit attempt. [Baseline: Estimated number of smokers or community derived measure (Q1 TU23); Outcome: Documented quit attempts for 5% of adult smokers and 2% of youth nicotine users (based on Q1 TU23 baseline)]					
	Objective	Person Responsible	Start	End	Amount
<b>C2A</b>	<b>Screening and Referral (youth): Conduct outreach and training on nicotine use screening and referral to treatment to entities who serve youth (pediatric providers, schools, and youth-centered organizations) with the goal of increasing referral of youth to cessation treatment.</b>				\$ 13,000
1	Develop and gain approval for outreach and training plan		7/1/2022	7/31/2022	\$ 1,000
2	Provide training on AAP resources in clinical settings that reach 15% of the county youth population		9/1/2022	1/31/2023	\$ 3,000
3	Provide screening and referral training in non-clinical settings that reach 20% of the county youth population		9/1/2022	3/31/2023	\$ 3,000
4	Obtain agreements to document number of youth screened for nicotine use		9/1/2022	3/31/2023	\$ 3,000
5	Submit documentation that verifies 2% of youth in the county being screened for nicotine use		6/1/2023	6/30/2023	\$ 3,000
<b>C2B</b>	<b>Screening and Referral (adults): Provide training on "Ask, Advise, Refer" to clinical and non-clinical/community-based settings that reach a total of 10% of the county's adult population annually.</b>				\$ 9,000
1	Develop and gain approval for plan to reach target (10%)		7/1/2022	7/31/2022	\$ 1,000
2	Conduct AAR trainings in settings that reach first 5% of the county population annually (cannot be an entity previously trained)		7/1/2022	9/30/2022	\$ 3,000
3	Conduct AAR trainings in settings that reach the second 5% (total of 10%) of the county population annually (cannot be an entity)		10/1/2022	3/31/2023	\$ 3,000
4	Submit documentation that 1% of adult smokers in the county have been referred to the OTQL through the NJH provider referral portal. (ODH provided number)		6/1/2023	6/30/2023	\$ 2,000
<b>C2C</b>	<b>Promotion of Services/Documenting Quit Attempts: Identify local cessation service providers (with emphasis on those who served priority populations) with the goal of creating awareness of cessation services and documenting annual quit attempts (both adult and youth).</b>				\$ 13,500

1	Complete a community cessation services scan (using provided instrument), submit results to ODH		7/1/2022	9/30/2022	\$ 2,000
2	Using services scan, submit to ODH a plan (using provided guidance) to promote and document quit services provided to those attempting to quit (both youth and adults).		10/1/2022	10/31/2022	\$ 2,000
3	Submit documentation that verifies implementation of 50% of approved plan to document quit attempts		1/1/2023	3/31/2023	\$ 2,500
4	Submit documentation that verifies implementation of additional 50% (100% total) of approved plan to document quit attempts		4/1/2023	6/30/2023	\$ 2,500
5	Submit documentation that verifies assisted quit attempts for 1.5% of adult smokers (can include Ohio Tobacco Quit Line enrollments)		6/1/2023	6/30/2023	\$ 2,250
6	Submit documentation that verifies assisted quit attempts for 0.5% of youth nicotine users (using estimated number of youth nicotine users, can include MLMQ enrollments)		6/1/2023	6/30/2023	\$ 2,250
<b>C2D</b>	Complete cessation related community outreach and engagement activities				\$ 5,250
1	Conduct at least 1 cessation outreach activity		7/1/2022	9/30/2022	\$ 750
2	Conduct at least 2 cessation outreach activities		10/1/2023	12/31/2022	\$ 1,500
3	Conduct at least 2 cessation outreach activities		1/1/2023	3/31/2023	\$ 1,500
4	Conduct at least 2 cessation outreach activities		4/1/2023	6/30/2023	\$ 1,500
<b>Total Cessation (2) Budget - (input as total for Deliverable Objective 2 in budget justification and under budget in GMIS)</b>					<b>\$ 40,750</b>

**Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan**

Agency:	0
Jurisdiction:	0

**Deliverable Objective 3 - SHS Policy (P):** By June 30, 2025, decrease the number of people potentially exposed to secondhand smoke and/or vapor through expansion of community tobacco policies to cover 6% (county population of less than 200,000) or 3% (county population of 200,000 or more) of population identified by policy scan [Baseline: Policy scan % population total (Q1, TU23), Outcome: same (Q4 TU25)]

Objective		Person Responsible	Start	End	Amount
<b>P2A</b>	<b>Identify current policy efforts and collaborate with partners to determine policy priorities to reach 5% of population identified in policy scan document</b>				<b>\$ 4,000</b>
1	Conduct Policy Scan		7/1/2022	9/30/2022	\$ 3,000
3	Identify key partners and recruit; Choose policy priorities		8/1/2022	9/30/2022	\$ 1,000
<b>P2B</b>	<b>Determine implementation plans for each policy priority and begin implementation activities</b>				<b>\$ 5,000</b>
1	Complete implementation plans for chosen policy targets		10/1/2022	10/31/2022	\$ 1,000
2	Complete at least 50% of implementation plan(s) activities		11/1/2022	6/30/2023	\$ 2,000
3	Complete at least 80% of implementation plan(s) activities		11/1/2022	6/30/2023	\$ 2,000
<b>P2C</b>	<b>Complete SHS related community outreach and engagement activities</b>				<b>\$ 5,250</b>
1	Conduct at least 1 SHS outreach activity		7/1/2022	9/30/2022	\$ 750
2	Conduct at least 2 SHS outreach activities		10/1/2022	12/31/2022	\$ 1,500
3	Conduct at least 2 SHS outreach activities		1/1/2023	3/31/2023	\$ 1,500
4	Conduct at least 2 SHS outreach activities		4/1/2023	6/30/2023	\$ 1,500
<b>P2D</b>	<b>Achieve adoption of SHS policies to protect 5% of population identified in policy scan document</b>				<b>\$ 3,000</b>
1	Passage of policy(ies) that protect 1% (pop more than 200K) or 2% (pop less than 200K) of population identified in policy scan		7/1/2022	6/30/2023	\$ 3,000
<b>Total Policy (P3) Budget - (input as total for Deliverable Objective 3 in budget justification and under budget in GMIS)</b>					<b>\$ 17,250</b>

**Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan**

Agency: \_\_\_\_\_  
 Jurisdiction: \_\_\_\_\_  
 Targeted Community: \_\_\_\_\_

<b>Deliverable Objective Accessibility and Availability to Youth (A):</b> By June 30, 2025, decrease the accessibility and availability of tobacco to youth, through promotion and adoption of a j tobacco retail licensure or enhancement of TRL is already adopted					
	Objective	Person Responsible	Start	End	Amount
<b>A4A</b>	<b>Complete initial planning for TRL policy adoption or enhancement</b>				<b>\$ 8,000</b>
1	Gather data and recruit initial partners (for enhancement of TRL review partnerships and determine necessary additions; for new TRL identify and recruit partners)		7/1/2022	9/30/2022	\$ 1,000
2	With partners, conduct SWOT analysis for TRL work or enhancement of existing TRL		8/1/2022	9/30/2022	\$ 2,000
3	Identify and recruit additional necessary partners post SWOT analysis and determine key messages		10/1/2022	12/31/2022	\$ 1,500
4	Identify decision makers and gather information on probable positions of potential decision makers (not direct contact with decision makers)		10/1/2022	3/31/2023	\$ 1,500
	Draft and obtain approval from ODH of implementation plan that includes timeline		4/1/2023	6/30/2023	\$ 1,000
5	Initiate ODH approved elements of implementation plan		4/1/2023	6/30/2023	1000
<b>Total Health Equity (H6) Budget - (input as total for Deliverable Objective 6 in budget justification and under budget in GMIS)</b>					<b>\$ 8,000</b>

**Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan**

Agency: \_\_\_\_\_  
Jurisdiction: \_\_\_\_\_

<b>Deliverable Objective 5 - Youth Prevention (Y):</b> 1) By June 30, 2025, maintain or increase jurisdictional compliance rate. 2) By June 20, 2026, increase youth community readiness assessment score by at least 0.5 points. [Baseline: 1) Compliance rate (Q4 TU22); 2) Youth CRA score (Q4 TU22); Outcome: 1) Maintenance or increase in compliance rate (from Q4 TU22); 2) Youth CRA score (Q4 TU26)]					
	Objective	Person Responsible	Start	End	Amount
<b>Y5A</b>	<b>Conduct compliance checks</b>				\$ 6,700
1	Attend compliance check training		7/1/2022	7/31/2022	\$ 200
2	Complete a plan for conducting compliance checks		7/1/2022	8/31/2022	\$ 500
3	Train underage purchasers to conduct compliance checks		no later than prior month of conducting checks		\$ 1,000
4	Conduct compliance checks		8/1/2022	5/31/2023	\$ 3,000
5	Conduct retailer follow up		6/1/2023	6/30/2023	\$ 2,000
<b>Y5B</b>	<b>Conduct a total of at least four community education events (at least one to each defined audience)</b>				\$ 4,000
1	Conduct at least one presentation to youth with evaluation		7/1/2022	6/30/2023	\$ 1,000
2	Conduct at least one presentation to parents with evaluation		7/1/2022	6/30/2023	\$ 1,000
3	Conduct at least one presentation to community group/organization with evaluation		7/1/2022	6/30/2023	\$ 1,000
4	Conduct at least one presentation to community group/organization with evaluation		7/1/2022	6/30/2023	\$ 1,000
<b>Y5C</b>	<b>Conduct one of three provided youth engagement projects</b>				\$ 8,000
1	Select project and provide completed project plan, identify, and secure necessary partnerships		7/1/2022	9/30/2022	\$ 500
2	Identify and recruit youth; draft promotional plan with and for youth		7/1/2022	10/31/2022	\$ 1,000
3	Train youth; initiate work on project		7/1/2022	12/31/2022	\$ 1,000
4	Assist youth in completing initial phase of project		1/1/2023	3/31/2023	\$ 2,000
5	Youth outreach/advocacy/promotion		4/1/2023	6/30/2023	\$ 2,000
6	Prepare final report		6/1/2022	6/30/2023	\$ 500
7	Achieve SMART Objective				\$ 1,000
<b>Y5D</b>	<b>Complete youth prevention related community outreach and engagement activities</b>				\$ 5,250
1	Conduct at least 1 youth prevention outreach activity		7/1/2022	9/30/2022	\$ 750
2	Conduct at least 2 youth prevention outreach activities		10/1/2022	12/31/2022	\$ 1,500
3	Conduct at least 2 youth prevention outreach activities		1/1/2023	3/31/2023	\$ 1,500
4	Conduct at least 2 youth prevention outreach activities		4/1/2023	6/30/2023	\$ 1,500

### Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan

Agency:	0
Jurisdiction:	0

**Deliverable Objective 6 (H):** By June 30, 2025, improve progress toward outcome objectives identified in the Health Equity Strategic Plan to impact tobacco use disparities. [Baseline objective measures in HE strategic plan developed in TU22 (Q4); Outcome: Objective measures from strategic plan, TU25 (Q4)]

	Objective	Person Responsible	Start	End	Amount
<b>H6A</b>	Establish/continue contract with local lead agency				\$ 8,500
1	Define activities that the contracted lead agency will be responsible for (deliverables), obtain ODH approval prior to execution, and execute a signed contract with the lead agency		7/1/2022	9/30/2022	\$ 8,000
2	Manage contract and document completion of deliverables		7/1/2022	6/30/2023	\$ 500
<b>H6B</b>	Collaborate with Lead Agency as contract manager and partner to assure implementation of initial goals and objectives of the Health Equity Strategic Plan				\$ 5,750
1	Provide technical assistance and support to lead agency in completing and obtaining ODH approval of promotional plan for HE Strategic Plan		7/1/2022	7/31/2022	\$ 500
2	Provide support and assistance to implement promotional plan		7/1/2022	9/30/2022	\$ 500
3	Assist lead agency and workgroup to identify necessary partners/champions for initial implementation		7/1/2022	9/30/2022	\$ 500
4	Provide technical assistance to lead agency in using strategic plan timeline - clearly outline implementation activities that will occur in each of 3 remaining quarters		7/1/2022	9/30/2022	\$ 250
5	Work with lead agency to provide support for completion of Q2 Implementation Activities		10/1/2022	12/31/2022	\$ 1,000
6	Work with lead agency to provide support for completion of Q3 Implementation Activities		1/1/2023	3/31/2023	\$ 1,000
7	Work with lead agency to provide support for completion of Q4 Implementation Activities		4/1/2023	6/30/2023	\$ 1,000
8	Collaborate with lead agency to complete annual review and revision of Health Equity Strategic Plan		6/1/2023	6/30/2023	\$ 1,000
<b>H6C</b>	Complete health equity related community outreach and engagement activities				\$ 5,250
1	Conduct at least 1 health equity outreach activity		7/1/2022	9/30/2022	\$ 750
2	Conduct at least 2 health equity outreach activities		10/1/2022	12/31/2022	\$ 1,500
3	Conduct at least 2 health equity outreach activities		1/1/2023	3/31/2023	\$ 1,500
4	Conduct at least 2 health equity outreach activities		4/1/2023	6/30/2023	\$ 1,500

### Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan

Agency:	0
Jurisdiction:	0

<b>Deliverable Objective Media 7 (M):</b> By June 30, 2025, increase the number of earned media and expansion activities at the community level that support state level mass media campaigns. [Baseline: # of TU22 activities (earned and expansion); Outcome: # of TU25 activities (earned and expansion)]					
	Objective	Person Responsible	Start	End	Amount
<b>M7A</b>	<b>Support and expand the reach of four (4) state level mass media campaigns</b>				<b>\$ 9,200</b>
1	Complete and submit media communication plan		7/1/2022	7/31/2022	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		7/1/2022	9/30/2022	\$ 1,000
3	Complete at least two expansion activities to leverage 1st state level campaign		7/1/2022	9/30/2022	\$ 1,000
	<b>Second Campaign</b>				
1	Complete and submit media communication plan		9/1/2022	9/30/2022	\$ 300
2	Complete at least one earned media activity leveraging 2nd state level campaign		10/1/2022	12/31/2022	\$ 1,000
3	Complete at least two expansion activities to leverage 2nd state level		10/1/2022	12/31/2022	\$ 1,000
	<b>Third Campaign</b>				
1	Complete and submit media communication plan		12/1/2022	12/31/2022	\$ 300
2	Complete at least one earned media activity leveraging 3rd state		1/1/2023	3/31/2023	\$ 1,000
3	Complete at least two expansion activities to leverage 3rd state level		1/1/2023	3/31/2023	\$ 1,000
	<b>Fourth Campaign</b>				
1	Complete and submit media communication plan		1/1/2023	1/31/2023	\$ 300
2	Complete at least one earned media activity leveraging 4th state level campaign		4/1/2023	6/30/2023	\$ 1,000
3	Complete at least two expansion activities to leverage 4th state level campaign		4/1/2023	6/30/2023	\$ 1,000
<b>M7B</b>	<b>Cessation Paid Media Campaign - ODH will provide art</b>				<b>\$ 3,300</b>
1	Complete, submit and obtain approval of media communication checklist for paid cessation campaign				\$ 50
2	Run paid cessation campaign (3 months)		TBD	TBD	\$ 3,000
3	Administrative activities		TBD	TBD	\$ 250
<b>Total Media (M7) Budget - (input as total for Deliverable Objective 7 in budget justification and under budget in GMIS)</b>					<b>\$ 12,500</b>

## Appendix IC - Tier Two Work Plan – Jurisdiction under 60,000

### Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan

Agency:  
County:  
Target Community for POS


	Budgeted Amount
Infrastructure (I1)	\$ 9,000.00
SHS Policy (P3)	\$ 14,425.00
Youth A&A (A4)	\$ 7,500.00
Youth Prevention (Y5)	\$ 19,875.00
Media (M7)	\$ 11,700.00
Cessation (C2)	\$ 37,325.00
Health Equity (H6)	\$ 17,175.00
Total	\$ 117,000.00

**Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan**

Agency: 0

Jurisdiction: 0

**Deliverable Objective 1 - Infrastructure (I):** By June 30, 2025, Increase capacity for tobacco prevention and cessation work through enhancement of infrastructure [Baseline: partnership scan (Q1 TU23), data survey (Q1 TU23); Outcome: partnership scan (Q4 TU25), data survey (Q4 TU25)]

	Objective	Person Responsible	Start	End	Amount
I1A	<b>Build networked partnerships</b>				\$ 3,400
1	Conduct a Partnership Scan		7/1/2022	9/30/2022	\$ 1,000
2	Continue partnership enhancement and maintenance		10/1/2022	12/31/2022	\$ 800
3	Continue partnership enhancement and maintenance		1/1/2023	3/31/2023	\$ 800
4	Continue partnership enhancement and maintenance		4/1/2023	6/30/2023	\$ 800
I1B	<b>Identify, collect, analyze and use community level data</b>				\$ 5,600
1	Implement community survey to collect <u>x</u> responses based on county population. <i>(Over 100,000-300 responses, 75,000-100,000-250 responses, 50,000-75,000-200 responses, under 50,000-150 responses).</i>		7/1/2022	9/30/2023	\$ 1,500
2	Report on survey results		9/1/2022	9/30/2022	\$ 500
3	With partners, review data currently available, identify any data gaps, and potential data sources to fill data gaps		7/1/2022	9/30/2022	\$ 700
4	Continue to fill data gaps; use data to increase community support of local tobacco priorities		10/1/2022	12/31/2022	\$ 700
5	Continue to fill data gaps; use data to increase community support of local tobacco priorities		1/1/2023	3/31/2023	\$ 700
6	Continue to fill data gaps; use data to increase community support of local tobacco priorities		4/1/2023	4/30/2023	\$ 700
7	Conduct annual community readiness assessment for POS and youth issue areas		6/1/2023	6/30/2023	\$ 800
<b>Total Infrastructure (I1) Budget - (input as total for Deliverable Objective 1 in budget justification and under budget in GMIS)</b>					<b>\$ 9,000</b>

Tobacco Use Prevention and Cessation Grant-2022-2023 **Deliverable Objective 2 - Cessation (C):** Deliverable Objective 2 - Cessation (C): By June 30, 2025, 5% of adult smokers and 2% of youth nicotine users will have a documented quit attempt. [Baseline: Estimated number of smokers or community derived measure (Q1 TU23); Outcome: Documented quit attempts for 5% of adult smokers and 2% of youth nicotine users (based on Q1 TU23 baseline)]

	Objective	Person Responsible	Start	End	Amount
<b>C2A</b>	<b>Screening and Referral (youth): Conduct outreach and training on nicotine use screening and referral to treatment to entities who serve youth (pediatric providers, schools, and youth-centered organizations) with the goal of increasing referral of youth to cessation treatment.</b>				\$ 11,900
1	Develop and gain approval for outreach and training plan		7/1/2022	7/31/2022	\$ 1,000
2	Provide training on AAP resources in clinical settings that reach 15% of the county youth population		9/1/2022	1/31/2023	\$ 2,800
3	Provide screening and referral training in non-clinical settings that reach 20% of the county youth population		9/1/2022	3/31/2023	\$ 2,800
4	Obtain agreements to document number of youth screened for nicotine use		9/1/2022	3/31/2023	\$ 1,300
5	Submit documentation that verifies 2% of youth in the county being screened for nicotine use		6/1/2023	6/30/2023	\$ 2,250
6	Submit documentation that 1% of youth nicotine users in the funded county have referred to MLMQ through the NJH provider referral portal (ODH provided number)		6/1/2023	6/30/2023	\$ 1,750
<b>C2B</b>	<b>Screening and Referral (adults): Provide training on "Ask, Advise, Refer" to clinical and non-clinical/community-based settings that reach a total of 10% of the county's adult population annually.</b>				\$ 9,000
1	Develop and gain approval for plan to reach target (10%)		7/1/2022	7/31/2022	\$ 1,000
2	Conduct AAR trainings in settings that reach first 5% of the county population annually (cannot be an entity previously trained)		7/1/2022	9/30/2022	\$ 3,000
3	Conduct AAR trainings in settings that reach the second 5% (total of 10%) of the county population annually (cannot be an entity)		10/1/2022	3/31/2023	\$ 3,000
4	Submit documentation that 1% of adult smokers in the county have been referred to the OTQL through the NJH provider referral portal. (ODH provided number)		6/1/2023	6/30/2023	\$ 2,000

<b>C2C</b>	<b>Promotion of Services/Documenting Quit Attempts: Identify local cessation service providers (with emphasis on those who served priority populations) with the goal of creating awareness of cessation services and documenting annual quit attempts (both adult and youth).</b>				\$ 12,500
1	Complete a community cessation services scan (using provided instrument), submit results to ODH		7/1/2022	9/30/2022	\$ 1,750
2	Using services scan, submit to ODH a plan (using provided guidance) to promote and document quit services provided to those attempting to quit (both youth and adults).		10/1/2022	10/31/2022	\$ 1,750
3	Submit documentation that verifies implementation of 50% of approved plan to document quit attempts		1/1/2023	3/31/2023	\$ 2,250
4	Submit documentation that verifies implementation of additional 50% (100% total) of approved plan to document quit attempts		4/1/2023	6/30/2023	\$ 2,250
5	Submit documentation that verifies assisted quit attempts for 1.5% of adult smokers (can include Ohio Tobacco Quit Line enrollments)		6/1/2023	6/30/2023	\$ 2,250
6	Submit documentation that verifies assisted quit attempts for 0.5% of youth nicotine users (using estimated number of youth nicotine users, can include MLMQ enrollments)		6/1/2023	6/30/2023	\$ 2,250
<b>C2D</b>	<b>Complete cessation related community outreach and engagement activities</b>				\$ 3,925
1	Conduct at least 1 cessation outreach activity		7/1/2022	9/30/2022	\$ 550
2	Conduct at least 2 cessation outreach activities		10/1/2023	12/31/2022	\$ 1,125
3	Conduct at least 2 cessation outreach activities		1/1/2023	3/31/2023	\$ 1,125
4	Conduct at least 2 cessation outreach activities		4/1/2023	6/30/2023	\$ 1,125
<b>Total Cessation (2) Budget - (input as total for Deliverable Objective 2 in budget justification and under budget in GMIS)</b>					<b>\$ 37,325</b>

**Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan**

Agency:	0
Jurisdiction:	0

**Deliverable Objective 3 - SHS Policy (P):** By June 30, 2025, decrease the number of people potentially exposed to secondhand smoke and/or vapor through expansion of community tobacco policies to cover 6% of population identified by policy scan [Baseline: Policy scan % population total (Q1, TU23), Outcome: same (Q4 TU25)]

Objective		Person Responsible	Start	End	Amount
<b>P2A</b>	<b>Identify current policy efforts and collaborate with partners to determine policy priorities to reach 5% of population identified in policy scan document</b>				<b>\$ 3,250</b>
1	Conduct Policy Scan		7/1/2022	9/30/2022	\$ 2,500
3	Identify key partners and recruit; Choose policy priorities		8/1/2022	9/30/2022	\$ 750
<b>P2B</b>	<b>Determine implementation plans for each policy priority and begin implementation activities</b>				<b>\$ 4,750</b>
1	Complete implementation plans for chosen policy targets		10/1/2022	10/31/2022	\$ 2,750
2	Complete at least 50% of implementation plan(s) activities		11/1/2022	6/30/2023	\$ 1,000
3	Complete at least 80% of implementation plan(s) activities		11/1/2022	6/30/2023	\$ 1,000
<b>P2C</b>	<b>Complete SHS policy related community outreach and engagement activities</b>				<b>\$ 3,925</b>
1	Conduct at least 1 SHS outreach activity		7/1/2022	9/30/2022	\$ 550
2	Conduct at least 2 SHS outreach activities		10/1/2022	12/31/2022	\$ 1,125
3	Conduct at least 2 SHS outreach activities		1/1/2023	3/31/2023	\$ 1,125
4	Conduct at least 2 SHS outreach activities		4/1/2023	6/30/2023	\$ 1,125
<b>P2D</b>	<b>Achieve adoption of SHS policies to protect 5% of population identified in policy scan document</b>				<b>\$ 2,500</b>
1	Passage of policy(ies) that protect 2% of population identified in policy scan		7/1/2022	6/30/2023	\$ 2,500
<b>Total Policy (P3) Budget - (input as total for Deliverable Objective 3 in budget justification and under budget in GMIS)</b>					<b>\$ 14,425</b>

Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan

Agency:

Jurisdiction:

Targeted Community:

**Deliverable Objective Accessibility and Availability to Youth (A):** By June 30, 2025, decrease the accessibility and availability of tobacco to youth, through promotion and adoption of a j tobacco retail licensure or enhancement of TRL is already adopted

	Objective	Person Responsible	Start	End	Amount
<b>A4A</b>	<b>Complete initial planning for TRL policy adoption or enhancement</b>				\$ 7,500
1	Gather data and recruit initial partners (for enhancement of TRL review partnerships and determine necessary additions; for new TRL identify and recruit partners)		7/1/2022	9/30/2022	\$ 1,000
2	With partners, conduct SWOT analysis for TRL work or enhancement of existing TRL		8/1/2022	9/30/2022	\$ 1,500
3	Identify and recruit additional necessary partners post SWOT analysis and determine key messages		10/1/2022	12/31/2022	\$ 1,500
4	Identify decision makers and gather information on probable positions of potential decision makers (not direct contact with decision makers)		10/1/2022	3/31/2023	\$ 1,500
	Draft and obtain approval from ODH of implementation plan that includes timeline		4/1/2023	6/30/2023	\$ 1,000
5	Initiate ODH approved elements of implementation plan		4/1/2023	6/30/2023	1000
<b>Total Health Equity (H6) Budget - (input as total for Deliverable Objective 6 in budget justification and under budget in GMIS)</b>					<b>\$ 7,500</b>

**Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan**

<b>Deliverable Objective 5 - Youth Prevention (Y):</b> 1) By June 30, 2025, maintain or increase jurisdictional compliance rate. 2) By June 20, 2026, increase youth community readiness assessment score by at least 0.5 points. [Baseline: 1) Compliance rate (Q4 TU22); 2) Youth CRA score (Q4 TU22); Outcome: 1) Maintenance or increase in compliance rate (from Q4 TU22); 2) Youth CRA score (Q4 TU26)]					
	Objective	Person Responsible	Start	End	Amount
<b>Y5A</b>	<b>Conduct compliance checks</b>				\$ 5,950
1	Attend compliance check training		7/1/2022	7/31/2022	\$ 200
2	Complete a plan for conducting compliance checks		7/1/2022	8/31/2022	\$ 500
3	Train underage purchasers to conduct compliance checks		no later than prior month of conducting checks		\$ 1,000
4	Conduct compliance checks		8/1/2022	5/31/2023	\$ 2,500
5	Conduct retailer follow up		6/1/2023	6/30/2023	\$ 1,750
<b>Y5B</b>	<b>Conduct a total of at least four community education events (at least one to each defined audience)</b>				\$ 3,000
1	Conduct at least one presentation to youth with evaluation		7/1/2022	6/30/2023	\$ 750
2	Conduct at least one presentation to parents with evaluation		7/1/2022	6/30/2023	\$ 750
3	Conduct at least one presentation to community group/organization with evaluation		7/1/2022	6/30/2023	\$ 750
4	Conduct at least one presentation to community group/organization with evaluation		7/1/2022	6/30/2023	\$ 750
<b>Y5C</b>	<b>Conduct one of three provided youth engagement projects</b>				\$ 7,000
1	Select project and provide completed project plan, identify and secure necessary partnerships		7/1/2022	9/30/2022	\$ 500
2	Identify and recruit youth; draft promotional plan with and for youth		7/1/2022	10/31/2022	\$ 750
3	Train youth; initiate work on project		7/1/2022	12/31/2022	\$ 1,000
4	Assist youth in completing initial phase of project		1/1/2023	3/31/2023	\$ 1,750
5	Youth outreach/advocacy/promotion		4/1/2023	6/30/2023	\$ 1,750
6	Prepare final report		6/1/2022	6/30/2023	\$ 500
7	Achieve SMART Objective				\$ 750
<b>Y5D</b>	<b>Complete youth prevention related community outreach and engagement activities</b>				\$ 3,925
1	Conduct at least 1 youth prevention outreach activity		7/1/2022	9/30/2022	\$ 550
2	Conduct at least 2 youth prevention outreach activities		10/1/2022	12/31/2022	\$ 1,125
3	Conduct at least 2 youth prevention outreach activities		1/1/2023	3/31/2023	\$ 1,125
4	Conduct at least 2 youth prevention outreach activities		4/1/2023	6/30/2023	\$ 1,125

### Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan

<b>Deliverable Objective 6 (H):</b> By June 30, 2025, improve progress toward outcome objectives identified in the Health Equity Strategic Plan to impact tobacco use disparities. [Baseline objective measures in HE strategic plan developed in TU22 (Q4); Outcome: Objective measures from strategic plan, TU25 (Q4)]					
	Objective	Person Responsible	Start	End	Amount
<b>H6A</b>	Establish/continue contract with local lead agency				\$ 8,500
1	Define activities that the contracted lead agency will be responsible for (deliverables), obtain ODH approval prior to execution, and execute a signed contract with the lead agency		7/1/2022	9/30/2022	\$ 8,000
2	Manage contract and document completion of deliverables		7/1/2022	6/30/2023	\$ 500
<b>H6B</b>	Collaborate with Lead Agency as contract manager and partner to assure implementation of initial goals and objectives of the Health Equity Strategic Plan				\$ 4,750
1	Provide technical assistance and support to lead agency in completing and obtaining ODH approval of promotional plan for HE Strategic Plan		7/1/2022	7/31/2022	\$ 500
2	Provide support and assistance to implement promotional plan		7/1/2022	9/30/2023	\$ 500
3	Assist lead agency and workgroup to identify necessary partners/champions for initial implementation		7/1/2022	9/30/2022	\$ 500
4	Provide technical assistance to lead agency in using strategic plan timeline - clearly outline implementation activities that will occur in each of 3 remaining quarters		7/1/2022	9/30/2022	\$ 250
5	Work with lead agency to provide support for completion of Q2 Implementation Activities		10/1/2022	12/31/2022	\$ 750
6	Work with lead agency to provide support for completion of Q3 Implementation Activities		1/1/2023	3/31/2023	\$ 750
7	Work with lead agency to provide support for completion of Q4 Implementation Activities		4/1/2023	6/30/2023	\$ 750
8	Collaborate with lead agency to complete annual review and revision of Health Equity Strategic Plan		6/1/2023	6/30/2023	\$ 750
<b>H6C</b>	Complete health equity related community outreach and engagement activities				\$ 3,925
1	Conduct at least 1 health equity outreach activity		7/1/2022	9/30/2022	\$ 550
2	Conduct at least 2 health equity outreach activities		10/1/2022	12/31/2022	\$ 1,125
3	Conduct at least 2 health equity outreach activities		1/1/2023	3/31/2023	\$ 1,125
4	Conduct at least 2 health equity outreach activities		4/1/2023	6/30/2023	\$ 1,125
<b>Total Health Equity (H6) Budget - (input as total for Deliverable Objective 6 in budget justification and under budget in GMIS)</b>					<b>\$ 17,175</b>

**Tobacco Use Prevention and Cessation Grant-2020-2021 Workplan**

<b>Deliverable Objective Media 7 (M):</b> By June 30, 2025, increase the number of earned media and expansion activities at the community level that support state level mass media campaigns. [Baseline: # of TU22 activities (earned and expansion); Outcome: # of TU25 activities (earned and expansion)]					
	Objective	Person Responsible	Start	End	Amount
<b>M7A</b>	<b>Support and expand the reach of four (4) state level mass media campaigns</b>				\$ 8,400
1	Complete and submit media communication plan		7/1/2022	7/31/2022	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		7/1/2022	9/30/2022	\$ 900
3	Complete at least two expansion activities to leverage 1st state level campaign		7/1/2022	9/30/2022	\$ 900
	Second Campaign				
1	Complete and submit media communication plan		9/1/2022	9/30/2022	\$ 300
2	Complete at least one earned media activity leveraging 2nd state level campaign		10/1/2022	12/31/2022	\$ 900
3	Complete at least two expansion activities to leverage 2nd state level campaign		10/1/2022	12/31/2022	\$ 900
	Third Campaign				
1	Complete and submit media communication plan		12/1/2022	12/31/2022	\$ 300
2	Complete at least one earned media activity leveraging 3rd state level campaign		1/1/2023	3/31/2023	\$ 900
3	Complete at least two expansion activities to leverage 3rd state level campaign		1/1/2023	3/31/2023	\$ 900
	Fourth Campaign				
1	Complete and submit media communication plan		1/1/2023	1/31/2023	\$ 300
2	Complete at least one earned media activity leveraging 4th state level campaign		4/1/2023	6/30/2023	\$ 900
3	Complete at least two expansion activities to leverage 4th state level campaign		4/1/2023	6/30/2023	\$ 900
<b>M7B</b>	<b>Cessation Paid Media Campaign - ODH will provide art</b>				\$ 3,300
1	Complete, submit and obtain approval of media communication checklist for paid cessation campaign				\$ 50
2	Run paid cessation campaign (3 months)		TBD	TBD	\$ 3,000
3	Administrative activities		TBD	TBD	\$ 250
<b>Total Media (M7) Budget - (input as total for Deliverable Objective 7 in budget justification and under budget in GMIS)</b>					<b>\$ 11,700</b>

**Appendix J – Example of Partnership Table – fillable spreadsheet will be provided upon submission of NOI AF**

[illegible]