



MEMORANDUM

Date: January 11, 2023

To: Subrecipient agencies

From: Amy Bashforth [ARB](#)
Chronic Disease Manager
Ohio Department of Health

Subject: Tobacco Use Prevention and Cessation Grant (TU24)
July 1, 2023 – June 30, 2024

The Ohio Department of Health (ODH), Medical Director's Office, Bureau of Health Improvement and Wellness announces the availability of grant funds for the Tobacco Use Prevention and Cessation Grant (TU24).

All electronic applications and attachments are due by 4:00 p.m., February 21, 2023. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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 until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website[(insert hyperlink)]. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Mandy Burkett at 614-644-7553 or e-mail at Mandy.Burkett@odh.ohio.gov.

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: 7/1/23-6/30/24 of the total project period, 7/1/21-6/30/25. Reference the competitive Solicitation for more information.

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

- 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 in 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. 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 \$4,196,000. TUPCP anticipates funding 17 Tier One Applicants. Tier One applicants must apply for \$60,000. TUPCP anticipates 23 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.

C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
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, February 21, 2023**

II. PROGRAM UPDATES:

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. The program progress report is combined with the Program Narrative in the template provided in Appendix D.

B. Program Narrative: Complete and submit a narrative statement (do not exceed 10 pages) using the provided template in Appendix D which explains any changes to program scope, personnel, partnerships with agencies or organizations, and progress on health equity work, as well as any other information the subrecipient wishes to share for continuation funding. For Tier One, you will be asked in Year Two to review data in your community to identify a priority population that bears a disproportionate burden from tobacco use and your work will need to be primarily focused on this population or on geographic areas within your jurisdiction that are high health improvement zones. Youth objectives should also include anticipated impact in at least one high health improvement zone census tract. There is information in Appendix C of this RFP that will assist you in determining your priority population and geographic areas of health inequity within your jurisdiction. Please use information provided in Appendix C to complete the questions on health equity in the Program Progress & Project Narrative Template (Appendix D – Tier One). Tier Two applicants will focus cessation work on the priority population identified in the H6 deliverable and will use high health improvement zones to direct other work of the grant as defined in the Tier Two Work Plan. Consider using the Community Wellbeing: social Determinants of Health Dashboard. The Social Determinants of Health dashboard provides greater insight into the conditions that impact Ohioans' ability to live out a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access, and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programming can most benefit specific communities and can provide better context to your data. The dashboard can be found at <https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or

unmet); major findings; and barriers and how barriers were addressed. Complete the work plan provided in Appendix E. Choose the appropriate template for Tier One, Tier Two with a population under 60,000, or Tier Two with a population over \$60,000.

D. Documentation and Progress on Health Equity and Disparity Reduction Activities:

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. This report is combined with other required reporting in the Program Progress & Project Narrative template provided in Appendix D.

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

For your convenience, a budget justification narrative example is available in Appendix B.

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. Only the narrative may be used to identify additional funding information from other resources.

2. [2023-2024] Budget via GMIS: Complete requested budget information as follows:

- Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period July 1, 2023 to June 30, 2024.

The applicant shall retain all original fully executed contracts on file.

- Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. 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. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments:

- A completed Project Progress & Project Narrative Template provided in Appendix D (all gold cells must be completed by applicant). A fillable version of this table is available on the SharePoint site under TU24 Application Materials.
- A completed work plan (Select from Tier 1, Tier 2 over 60,000 population, or Tier 2 under 60,000 population) in Appendix E – All light gold cells must be completed to indicate who will be responsible for completing the grant requirements. For Tier Two applicants, dark gold cells will require the grantee to distribute funds according to grantee needs. Note no funds may be moved between deliverables, only within deliverables. For example, you may not move funds from the Health Equity deliverable to the Youth deliverable, but you may move funds to other objectives or activities within the Health Equity deliverable. Be sure to check, when you have completed the workplan that the total budget on the first tab matches the total amount available to your jurisdiction.

a. Other Required Documentation:

- 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) 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.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds 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 will hold 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), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to 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 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.)

- **For Non-Profit Organizations Only:**
 1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
 2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers and low-income individuals.

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 that may include, but are not limited to the following:
 1. Populations at increased risk
 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 Grant (TU24).

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as 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: Subrecipient Program Updates must be completed** by the following dates. Monthly updates shall be accomplished through the provided online dashboard, provided by ODH, prior to each monthly scheduled technical assistance call. Completion of this update should take no longer than 20 minutes. No uploading of documents is required for monthly updates. This will help program to understand the progress of the grant and identify global issues with progress, will help PHCs and grantees to streamline technical assistance calls allowing for more time to discuss any specific issues and concerns, and will allow grantees a visual graphic of progress, as well as aggregated data on selected measures of progress from all grantees. Documentation of completion of paid activities shall be provided to a grantee's assigned Public Health Consultant prior to each expenditure report. All program report attachments must clearly identify the authorized program name and grant number.

 Program Reports Required x No Program Reports Required (no longer required)

Period	Report Due Date
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024

January 1 – 31, 2024	February 10, 2024
February 1 – 28 or 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024

- b. Subrecipient Reimbursement Expenditure Reports:** Expenditure reports must be accompanied by any required documentation, submitted to the grantee’s assigned Public Health Consultant prior to submission of expenditure report into GMIS. Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28 or 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024

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

- c. 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, 2024. 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 ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions (if applicable) B2
Deliverable — Objective Allocations (if applicable)
- C. Evidence of Health Equity Strategies Checklist (Use this information to complete the Health Equity Questions in the Project Narrative Template)
- D. Project Narrative Template (fillable version available on SharePoint)
- E. Workplan Template (fillable version available on SharePoint site)
- F. Budget Justification/Allocation
- G. Application Review Form

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health
Bureau of Health Improvement and
Wellness

ODH Program Title:
Tobacco Use Prevention and
Cessation TU24

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

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.

Due to ODH by January 18, 2023.

Please email completed form to Mandy Burkett (mandy.burkett@odh.ohio.gov).

Appendix B1 – Tier One ONLY

Name of Subgrant Program: Tobacco Use Prevention and Cessation (TU24)

Budget Period: 7/1/2023-6/30/2024

of Deliverables: 3

Use Budget Justification Scenario #:

100% Deliverables

Deliverable — Objective 1: Administration and Data

Attend kickoff training (including 5 hours of pre-work); Monthly all hands calls and individual technical assistance; required trainings throughout the year; and quarterly TFOA meetings; Complete one year-end success story; Implement a community survey; and, conduct a community readiness assessment at year end.

Deliverable — Objective 2: Cessation

Complete cessation outreach activities each quarter; support and extend the reach of two state media campaigns.

NOTE: Cessation activities must be focused on impacting the priority population documented in the Program Progress and Narrative Report.

Deliverable — Objective 3: Youth

Complete youth outreach activities each quarter; Develop a community plan to address youth e-cigarette and nicotine use in your community; Support and expand the reach of one point of sale state level mass media campaign; Conduct store audits with youth. **NOTE: Youth activities should consider how high health improvement zones will be impacted by youth activities.**

Appendix B2 – Tier Two ONLY

Name of Subgrant Program: Tobacco Use Prevention and Cessation (TU24)

Budget Period: 7/1/2023-6/30/2024

of Deliverables: 5

Use Budget Justification Scenario #:

100% Deliverables

Deliverable — Objective 1: Administration and Data

Attend kickoff training (including 5 hours of pre-work); Monthly all hands calls and individual technical assistance; required trainings throughout the year; and quarterly TFOA meetings; Complete one year-end success story; Implement a community survey; and, conduct a community readiness assessment at year end.

Deliverable — Objective 2: Cessation

Complete cessation outreach activities each quarter; support and extend the reach of two state media campaigns; and, if option 1 is chosen, achieve adoption of an Office Workflow or Medication Assisted Treatment Protocol and reporting of population impacted. **NOTE: Cessation activities must be focused on impacting the population chosen for H5 deliverable.**

Deliverable — Objective 3: Secondhand Smoke Policy

Complete SHS outreach activities each quarter; Choose two priority policies to work to achieve; Pass one SHS policy

Deliverable — Objective 4: Youth

Complete youth outreach activities each quarter; Conduct compliance checks; Support and expand the reach of one point of sale state level mass media campaign; Conduct community readiness activities to support passage of a Tobacco Retail Licensing law; If option 2 is chosen, conduct a youth engagement project. **NOTE: Youth outreach activities and youth engagement project (if chosen) should be focused in at least one high health improvement zone census tract.**

Deliverable — Objective 5: Health Equity

Establish/Continue contract with Local Lead Agency; Collaborate with Local Lead Agency as partner to assure implementation of initial goals and objectives of the Health Equity Strategic Plan.

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

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.

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 specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. 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) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 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) associated with health disparities and health inequities.
- 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.](#)

- 5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

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. 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.

Appendix D1 – Budget Justification/Allocations -TIER ONE ONLY

Deliverable Objective 1 (Administration and Data – A&D1) \$

- Objective A&D1-A \$
- Objective A&D1-B \$
- Objective A&D1-C \$

Deliverable Objective 2 (Cessation – Y2) \$

- Objective C2-A \$
- Objective C2-B \$

Deliverable Objective 3 (Youth Prevention – Y3)

- Objective Y3-A \$
- Objective Y3-B \$
- Objective Y3-C \$
- Objective Y3-D \$

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

Deliverable Objective 1 (Administration & Data) \$

- Objective A&D1-A\$
- Objective A&D1-B \$
- Objective A&D1-C \$

Deliverable Objective 2 (Cessation) \$

- Objective C2-A\$
- Objective C2-B \$
- Objective C2-C (option 1) \$

Deliverable Objective 3 (SHS Policy) \$

- Objective P3-A \$
- Objective P3-B\$
- Objective P3-C\$

Deliverable Objective 4 (Youth) \$

- Objective Y4-A \$
- Objective Y4-B \$
- Objective Y4-C \$
- Objective Y4-D \$
- Objective Y4-E (option 2) \$

Deliverable Objective 5 (Health Equity) \$

- Objective H5-A \$
- Objective H5-B \$

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

Deliverable Objective 1 (Administration & Data) \$

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 (Youth) \$

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

Deliverable Objective 5 (Health Equity) \$

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

Appendix E –Program Progress and Project Narrative

Tier One - Program Progress & Project Narrative	
Name of Applicant Agency	
Progress (provide a short description of progress for TU23 for each deliverable) – please provide information concerning all objectives of each deliverable	
Deliverable One: Infrastructure (I1)	
Progress/Successes to date on partnership and data efforts	
Barriers encountered on partnership and data efforts	
How barriers were addressed for partnerships and data	
Deliverable Two: Cessation (C2)	
Progress/Successes to date	
Barriers encountered	
How barriers were addressed	
Staffing Changes	
Please describe any changes to staffing that have occurred since the beginning of TU23	
If staffing changes occurred how have any barriers to grant completion been addressed	
Please provide the names, titles, and amount of time each position will dedicate to the grant for TU24	
Success	
Describe a success from this year. Please provide any relevant data associated (e.g., number of people affected)	
Health Equity for TU24	
Identify the specific groups who experience a disproportionate burden of tobacco in your jurisdiction (See Appendix C for additional resources)	
Visit the Health Improvement Zones Mapping Tool at https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones . What census tracts in your jurisdiction are high health improvement zones (0.7501-1 SVI). If you have no high health improvement zones, what are the census tracts with the highest SVIs? Also, please reference the Community Wellbeing: Social Determinants of Health Website at https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health for additional clarity	
Identify a priority population in your community on which you will focus your cessation activities and support your choice with data.	
Cessation work will be focused on a priority population you have chosen. Additionally, please indicate which high health improvement zone will be impacted by your cessation work for TU24 and how this will be accomplished or indicate why no high health improvement zone will be impacted.	
Please indicate which high health improvement zone will be impacted by your TU24 youth work and how this will be accomplished	

Appendix E –Program Progress and Project Narrative

Tier Two - Program Progress & Project Narrative	
Name of Applicant Agency	
Progress (provide a short description of progress for TU23 for each deliverable) – please provide information concerning all objectives of each deliverable	
Deliverable One: Infrastructure (I1)	
Progress/Successes to date on partnership and data efforts	
Barriers encountered on partnership and data efforts	
How barriers were addressed for partnerships and data	
Deliverable Two: Cessation (C2)	
Progress/Successes to date	
Barriers encountered	
How barriers were addressed	
Deliverable Three: SHS Policy (P3)	
Progress/Successes to date	
Barriers encountered	
How barriers were addressed	
Deliverable Four: Accessibility and Availability (A4)	
Progress/Successes to date	
Barriers encountered	
How barriers were addressed	
Deliverable Five: Youth Prevention (Y5)	
Progress/Successes to date	
Barriers encountered	
How barriers were addressed	
Deliverable Six: Health Equity (H6)	
Progress/Successes to date	
Barriers encountered	
How barriers were addressed	
Please provide a summary of any activities completed to outreach to priority populations and/or neighborhoods specified in the strategic plan. Provide any data collected on reach or progress toward strategic plans/priorities.	
Deliverable Seven: Media (M7)	
Progress/Successes to date	
Barriers encountered	
How barriers were addressed	
Staffing Changes	
Please describe any changes to staffing that have occurred since the beginning of TU23	
If staffing changes occurred how have any barriers to grant completion been addressed	
Please provide the names, titles, and amount of time each position will dedicate to the grant for TU24	
Success	

Describe a success from this year. Please provide any relevant data associated (e.g., number of people affected)	
Health Equity for TU24	
Identify the specific groups who experience a disproportionate burden of tobacco in your jurisdiction (See Appendix C for additional resources)	
Summarize your HE Strategic Plan and provide it as an attachment to your application. What is your priority population and what success has been made to date on implementation?	
Visit the Health Improvement Zones Mapping Tool at https://odh.ohio.gov/know-our-programs/health-equity/health-improvement-zones . What census tracts in your jurisdiction are high health improvement zones (0.7501-1 SVI). If you have no high health improvement zones, what are the census tracts with the highest SVIs? Also, please reference the Community Wellbeing: Social Determinants of Health Website at https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health for additional clarity	
Cessation work will be focused on the priority population from H5. Additionally, please indicate which high health improvement zone will be impacted by your cessation work for TU24 and how this will be accomplished or indicate why no high health improvement zone will be impacted.	
Please indicate which high health improvement zone will be impacted by your secondhand smoke policy for TU24 and how this will be accomplished	
Please indicate which high health improvement zone will be impacted by your TU24 youth work and how this will be accomplished	

Appendix F –Workplan-Tier One

**Note: A copy of a fillable workplan will be made available to continuation applicants via SharePoint. This version of the workplan will include reporting requirements for each deliverable.*

Tobacco Use Prevention and Cessation Grant-2023-2024 Workplan-Tier One

Deliverable Objective 1 - Administration & Data: By June 30, 2024 Grantee will participate in professional development and collaborative work to enhance completion of grant deliverables. Grantee will also conduct required community surveys and use data as part of planning, and evaluation of process as well as outcome measures.					
	Objective	Person Responsible	Start	End	Amount
A&D-A	TU24 Kickoff Meeting				\$ 2,000
1	Attend 2 day kickoff training - 5 hours pre-work required		7/1/2023	7/31/2023	\$ 2,000
A&D-B	Meetings & Trainings				\$ 2,400
1	Monthly All Hands Calls - including completion of pre-survey (11 @ 50 ea)		8/1/2023	6/30/2024	\$ 550
2	Monthly Individual Technical Assistance Calls with assigned PHC (12 at \$50 ea)		7/1/2023	6/30/2024	\$ 600
3	Required Trainings (8 @ \$100 ea)		8/1/2023	6/30/2024	\$ 800
4	Attend Store Audit Training		7/1/2023	8/31/2023	\$ 250
5	Four Quarterly TFOA Meetings (4@\$50 ea)		8/1/2023	6/30/2024	\$ 200
A&D-C	Data				\$ 1,950
1	Complete and submit a success story from the grant that meets established format and requirements provided by ODH		7/1/2023	6/30/2024	\$ 1,000
2	Conduct annual community readiness assessment for SHS policy		6/1/2024	6/30/2024	\$ 950
Total Administration & Data Budget - (input as total for Deliverable Objective 1 in budget justification and under budget in GMIS)					\$ 6,350

Tobacco Use Prevention and Cessation Grant-2022-2023 Workplan-Tier One

Deliverable Objective 2 - Cessation (C): By June 30, 2024, reach x number of people with outreach activities and non-paid media support with cessation messaging (x determined by population)					
NOTE: Cessation work should focus on priority population chosen and documented in Progress and Narrative Template					
	Objective	Person Responsible	Start	End	Amount
C2-A	Conduct cessation focused community engagement and outreach activities				\$ 11,250
1	Conduct at least 3 cessation outreach activities		8/1/2023	9/30/2023	\$ 2,250
2	Conduct at least 4 cessation outreach activities		10/1/2023	12/31/2023	\$ 3,000
3	Conduct at least 4 cessation outreach activities		1/1/2024	3/31/2024	\$ 3,000
4	Conduct at least 4 cessation outreach activities		4/1/2024	6/30/2024	\$ 3,000
C2-B	Support and expand the reach of two (2) state level mass media campaigns				\$ 8,600
	First Campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
	Second Campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 2nd state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
Total Cessation (2) Budget - (input as total for Deliverable Objective 2 in budget justification and under budget in GMIS)					\$ 19,850

Tobacco Use Prevention and Cessation Grant-2023-2024 Workplan-Tier One


Deliverable Objective 3 - Youth Prevention (Y): By June 30, 2024, reach x number of people with outreach activities and non-paid media support with cessation messaging (x determined by population); By June 30, 2024 develop a plan with at least three measurable objectives to decrease impact of tobacco use on community youth; By June 30, 2024 train youth and complete ODH assigned list of store audits.

NOTE: Youth activities should consider how high health improvement zones will be impacted by these activities.

	Objective	Person Responsible	Start	End	Amount
Y3A	Complete youth prevention focused community outreach and education activities				\$ 5,250
1	Conduct at least 1 youth prevention outreach activity		8/1/2023	9/30/2023	\$ 750
2	Conduct at least 2 youth prevention outreach activities		10/1/2023	12/31/2023	\$ 1,500
3	Conduct at least 2 youth prevention outreach activities		1/1/2024	3/31/2024	\$ 1,500
4	Conduct at least 2 youth prevention outreach activities		4/1/2024	6/30/2024	\$ 1,500
Y3B	Develop a community level plan to address youth e-cigarette and nicotine use				\$ 17,750
1	Recruit partners with at least 20% comprised of youth		8/1/2023	9/30/2023	\$ 2,750
2	Submit an ODH-approved Action Plan that includes plans for store audits and at least 3 SMARTI objectives		8/1/2023	5/31/2024	\$ 8,000
3	Begin implementation of plan activities (funding for those activities, which could include additional media to increase awareness)		8/1/2023	5/31/2024	\$ 7,000
Y3C	Support and expand the reach of one POS state level mass media campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
Y3D	Conduct Store Audits - attend store audit/retail environment training, train youth on how to conduct audits (sample prescribed by ODH), conduct representative sample of store audits, input data.				\$ 6,500
1	Train youth on conducting store audits		10/1/2023	6/30/2024	\$ 1,000
2	Conduct a random sample of store audits		10/1/2023	6/30/2024	\$ 4,000
3	Report on results of store audits		10/1/2023	6/30/2024	\$ 1,500
Total Youth Prevention (Y3) Budget - (input as total for Deliverable Objective 3 in budget justification and under budget in GMIS)					\$ 33,800

Appendix G –Workplan-Tier Two- Population Over 60K

**Note: A copy of a fillable workplan will be made available to continuation applicants via SharePoint. This version of the workplan will include reporting requirements for each deliverable.*

Tobacco Use Prevention and Cessation Grant-2023-2024 Workplan (TU24)						
	Agency:					
	County:					
	Target Community for POS Deliverable:					
There will be one reporting spreadsheet with 8 reporting tabs: Community Outreach, SHS Implementation, Cessation Optional Project, Youth Compliance Check, Youth TRL, Youth Optional Project, Health Equity and Media - Depending on which project you choose you will report on only 7 of these tabs.						
	Budgeted Amount					
Administration & Data	\$ 10,300.00					
Cessation (C2)	\$ 19,850.00					
SHS Policy (P3)	\$ 16,750.00					
Youth Prevention (Y5)	\$ 20,100.00					
Health Equity (H6)	\$ 35,000.00					
Total	\$ 102,000.00		Should Equal	\$132,000		
<ol style="list-style-type: none"> 1. Choose an optional project in either cessation (C2) or in Youth (Y4) and budget at least \$15,000 in the dark yellow boxes provided for the project chosen. Only choose one expansion project, not both. This distribution should be based on your estimated time and effort to achieve the activities of each deliverable. 2. In the H5 workplan, distribute \$35,000 throughout the dark yellow boxes provided on the H5 budget workplan. The total amount in the green box at the bottom of the H5 Workplan should equal \$35,000. This distribution should be based on your estimated time and effort to achieve the activities of each deliverable. 3. Distribute an additional \$5,000 to your budget in each of the C2, P3, and Y4 deliverable workplan budget sheets. This distribution should be based on your estimated time and effort to achieve the activities of each deliverable. 4. Light yellow boxes are boxes that need to be completed by the grantee with responsible party or expected dates of completion. Dark yellow boxes are where grantees will need to fill in budget amounts. <p>*When you have completed the workplan and the associated budget, your total on this page by the red arrow should equal \$132,000.</p>						

Deliverable Objective 1 - Administration & Data: By June 30, 2025 Grantee will participate in professional development and collaborative work to enhance completion of grant deliverables. Grantee will also conduct required community surveys and use data as part of planning, and evaluation of process as well as outcome measures.

	Objective	Person Responsible	Start	End	Amount
A&D1	TU24 Kickoff Meeting				\$ 4,700
1	Attend 2 day kickoff training - 5 hours pre-work required		7/1/2023	7/31/2023	\$ 2,000
A&D2	Meetings & Trainings				\$ 2,150
1	Monthly All Hands Calls - including completion of pre-survey (11 @ 50 ea)		8/1/2023	6/30/2024	\$ 550
2	Monthly Individual Technical Assistance Calls with assigned PHC (12 at \$50 ea)		7/1/2023	6/30/2024	\$ 600
3	Required Trainings (8 @ \$100 ea)		8/1/2023	6/30/2024	\$ 800
4	Four Quarterly TFOA Meetings (4@ \$50 ea)		8/1/2023	6/30/2024	\$ 200
A&D3	Data				\$ 3,450
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> and report on results.		8/1/2023	9/30/2023	\$ 2,500
2	Conduct annual community readiness assessment for youth availability and accessibility and for youth prevention.		6/1/2024	6/30/2024	\$ 950
Total Administration & Data Deliverable - (input as total for Deliverable Objective 1 in budget justification and under budget in GMIS)					\$ 10,300

Deliverable Objective 2 - Cessation (C): By June 30, 2025, reach x number of people with outreach activities and non-paid media support with cessation messaging (x determined by population); Optional: By June 30, 2024, implement one of the protocol/workflow optional project and report on number of people affected by this change.					
Note: Cessation Activities should focus on population chosen for health equity deliverables					
	Objective	Person Responsible	Start	End	Amount
C1	Conduct cessation focused community engagement and outreach activities				\$ 11,250
1	Conduct at least 3 cessation outreach activities		8/1/2023	9/30/2023	\$ 2,250
2	Conduct at least 4 cessation outreach activities		10/1/2023	12/31/2023	\$ 3,000
3	Conduct at least 4 cessation outreach activities		1/1/2024	3/31/2024	\$ 3,000
4	Conduct at least 4 cessation outreach activities		4/1/2024	6/30/2024	\$ 3,000
C2	Support and expand the reach of four (4) state level mass media campaigns				\$ 8,600
	First Campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
	Second Campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 2nd state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
C3	Adoption of Office Workflow or Medication Assisted Treatment Protocol (Pharmacy) and reporting of population impacted				\$ -

1	Complete tobacco training with select entity (health system, provider office, pharmacy)				
2	Complete post-training assessment (including assessment of current office practice screening and referral and/or medication assisted treatment) and identify office champion/QI Project contact				
3	Practice adopts and implements customized office workflow protocol (samples include Health System or Pharmacy version)				
4	Complete ODH surveys/engage in conversation regarding practice's experience with protocols, resulting office practice changes and lessons learned.				
Total Cessation (2) Budget - (input as total for Deliverable Objective 2 in budget justification and under budget in GMIS)					\$ 19,850

Deliverable Objective 3 - SHS Policy (P): By June 30, 2025, decrease the number of people potentially exposed to secondhand smoke and/or vapor through adoption of at least one community SHS smoke policy per year					
Note: Second policy priority must focus on population selected for health equity deliverable or the covered population must include at least one high health improvement zone censustract.					
Objective		Person Responsible	Start	End	Amount
P3C	Complete SHS focused community outreach and engagement activities				\$ 5,250
1	Conduct at least 1 SHS outreach activity		8/1/2023	9/30/2023	\$ 750
2	Conduct at least 2 SHS outreach activities		10/1/2023	12/31/2023	\$ 1,500
3	Conduct at least 2 SHS outreach activities		1/1/2024	3/31/2024	\$ 1,500
4	Conduct at least 2 SHS outreach activities		4/1/2024	6/30/2024	\$ 1,500
P3B	Choose two policy priority				\$ 8,500
1	Behavioral Health Facility Comprehensive Policy Implementation Activities		8/1/2023	6/30/2024	\$ 4,000
2	Implementation Plan for second priority policy		8/1/2023	9/30/2023	\$ 500
3	Second Chosen Priority Population Implementation Activities		10/1/2023	6/30/2024	\$ 4,000
P3D	Achieve adoption of one SHS policy				\$ 3,000
	Total Policy (P3) Budget - (input as total for Deliverable Objective 3 in budget justification and under budget in GMIS)				\$ 16,750

Deliverable Objective 5 - Youth Prevention (Y): 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)]

Note: Youth outreach activities and youth engagement project (if chosen) should be focused in at least one high health improvement zone tract.

	Objective	Person Responsible	Start	End	Amount
Y5A	Complete youth prevention focused community outreach and education activities				\$ 5,250
1	Conduct at least 1 youth prevention outreach activity		8/1/2023	9/30/2023	\$ 750
2	Conduct at least 2 youth prevention outreach activities		10/1/2023	12/31/2023	\$ 1,500
3	Conduct at least 2 youth prevention outreach activities		1/1/2024	3/31/2024	\$ 1,500
4	Conduct at least 2 youth prevention outreach activities		4/1/2024	6/30/2024	\$ 1,500
Y5B	Conduct compliance checks				\$ 7,000
1	Train underage purchasers to conduct compliance checks		no later than prior month of conducting checks		\$ 1,000
2	Conduct compliance checks		8/1/2023	5/31/2024	\$ 3,000
3	Conduct retailer follow up		6/1/2024	6/30/2024	\$ 3,000
Y5C	Support and expand the reach of one POS state level mass media campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
Y5D	Tobacco Retail Licensing - Jurisdiction for TRL work:				\$ 3,550
1	Meet with TRL Contractor to conduct assessment and set plan		8/1/2023	9/30/2023	\$ 550
2	Complete TRL activities defined in plan		10/1/2023	6/30/2023	\$ 3,000
Y5E	Advanced Option 2				\$ -
1	Select project and provide completed project plan, identify and secure necessary partnerships		8/1/2023	9/30/2023	

2	Identify and recruit youth; draft promotional plan with and for youth		10/1/2023	10/31/2024	
3	Train youth; initiate work on project		10/1/2023	12/31/2023	
4	Assist youth in completing initial phase of project		1/1/2023	3/31/2023	
5	Youth outreach/advocacy/promotion		4/1/2024	6/30/2024	
6	Prepare final report		6/1/2024	6/30/2024	
7	Achieve SMART Objective				
Total Youth Prevention (Y5) Budget - (input as total for Deliverable Objective 5 in budget justification and under budget in GMIS)					\$ 20,100

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
H6A	Establish/continue contract with local lead agency				\$ -
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 and choose contracted amount of at least \$4000		7/1/2023	9/30/2023	
2	Manage contract and document completion of deliverables		7/1/2023	6/30/2024	
H6B	Collaborate with Lead Agency as contract manager and partner to assure implementation of initial goals and objectives of the Health Equity Strategic Plan				
1	Provide technical assistance and support to lead agency in completing and obtaining ODH approval of implementation plan for Year 2 of HE Strategic Plan		8/1/2023	6/30/2024	
2	Implementation Activities Q1		8/1/2023	9/30/2023	
3	Implementation Activities Q2		10/1/2023	12/31/2023	
4	Implementation Activities Q3		1/1/2024	3/31/2024	
5	Implementation Activities Q4 & Update Strategic Plan		4/1/2024	6/30/2024	
Total Health Equity (H6) Budget - (input as total for Deliverable Objective 6 in budget justification and under budget in GMIS)					\$ -

Appendix H – Workplan-Tier Two - Population Under 60K

Tobacco Use Prevention and Cessation Grant-2023-2024 Workplan (TU24)

Agency:

County:

Target Community for TRL Deliverable:

There will be one reporting spreadsheet with 8 reporting tabs: Community Outreach, SHS Implementation, Cessation Optional Project, Youth Compliance Check, Youth TRL, Youth Optional Project, Health Equity and Media - Depending on which project you choose you will report on only 7 of these tabs depending on which optional project you choose.

	Budgeted Amount
Administration & Data	\$ 10,300.00
Cessation (C2)	\$ 19,850.00
SHS Policy (P3)	\$ 16,750.00
Youth Prevention (Y5)	\$ 20,100.00
Health Equity (H6)	\$ 35,000.00
Total	\$ 102,000.00



Should Equal \$117,000

1. Choose an optional project in either cessation (C2) or in Youth (Y4) deliverable and budget at least \$15,000 in the dark yellow boxes provided for the project chosen. Only choose one expansion project, not both. This distribution should be based on your estimated time and effort to achieve the activities of each deliverable.
2. In the H5 workplan tab, distribute \$35,000 throughout the dark yellow boxes provided on the H5 budget workplan. The total amount in the green box at the bottom of the H5 Workplan should equal \$35,000. This distribution should be based on your estimated time and effort to achieve the activities of each deliverable.
3. If you choose, you may choose to redistribute funds in the C2, P3, and Y4 deliverable workplan budget sheets. You may only redistribute within a deliverable, so you cannot move money between deliverables. Any redistribution should be based on your estimated time and effort to achieve the activities of each deliverable.
4. Light yellow boxes are boxes that need to be completed by the grantee with responsible party or expected dates of completion. Dark yellow boxes are where grantees will need to fill in budget amounts.

*When you have completed the workplan and the associated budget, your total on this page by the red arrow should equal \$117,000.

Deliverable Objective 1 - Administration & Data: By June 30, 2025 Grantee will participate in professional development and collaborative work to enhance completion of grant deliverables. Grantee will also conduct required community surveys and use data as part of planning, and evaluation of process as well as outcome measures.

	Objective	Person Responsible	Start	End	Amount
A&D1	TU24 Kickoff Meeting				\$ 4,700
1	Attend 2 day kickoff training - 5 hours pre-work required		7/1/2023	7/31/2023	\$ 2,000
A&D2	Meetings & Trainings				\$ 2,150
1	Monthly All Hands Calls - including completion of pre-survey (11 @ 50 ea)		8/1/2023	6/30/2024	\$ 550
2	Monthly Individual Technical Assistance Calls with assigned PHC (12 at \$50 ea)		7/1/2023	6/30/2024	\$ 600
3	Required Trainings (8 @ \$100 ea)		8/1/2023	6/30/2024	\$ 800
4	Four Quarterly TFOA Meetings (4@ \$50 ea)		8/1/2023	6/30/2024	\$ 200
A&D3	Data				\$ 3,450
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> and report on results.		8/1/2023	9/30/2023	\$ 2,500
2	Conduct annual community readiness assessment for youth availability and accessibility and for youth prevention.		6/1/2024	6/30/2024	\$ 950
Total Administration & Data Deliverable - (input as total for Deliverable Objective 1 in budget justification and under budget in GMIS)					\$ 10,300

Deliverable Objective 2 - Cessation (C): By June 30, 2025, reach x number of people with outreach activities and non-paid media support with cessation messaging (x determined by population); **Optional:** By June 30, 2024, implement one of the protocol/workflow optional project and report on number of people affected by this change.

Note: Cessation Activities should focus on population chosen for health equity deliverables

	Objective	Person Responsible	Start	End	Amount
C1	Conduct cessation focused community engagement and outreach activities				\$ 11,250
1	Conduct at least 3 cessation outreach activities		8/1/2023	9/30/2023	\$ 2,250
2	Conduct at least 4 cessation outreach activities		10/1/2023	12/31/2023	\$ 3,000
3	Conduct at least 4 cessation outreach activities		1/1/2024	3/31/2024	\$ 3,000
4	Conduct at least 4 cessation outreach activities		4/1/2024	6/30/2024	\$ 3,000
C2	Support and expand the reach of four (4) state level mass media campaigns				\$ 8,600
	First Campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
	Second Campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 2nd state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
C3	Adoption of Office Workflow or Medication Assisted Treatment Protocol (Pharmacy) and reporting of population impacted				\$ -
1	Complete tobacco training with select entity (health system, provider office, pharmacy)				

2	Complete post-training assessment (including assessment of current office practice screening and referral and/or medication assisted treatment) and identify office champion/QI Project contact				
3	Practice adopts and implements customized office workflow protocol (samples include Health System or Pharmacy version)				
4	Complete ODH surveys/engage in conversation regarding practice's experience with protocols, resulting office practice changes and lessons learned.				
Total Cessation (2) Budget - (input as total for Deliverable Objective 2 in budget justification and under budget in GMIS)					\$ 19,850

Deliverable Objective 3 - SHS Policy (P): By June 30, 2025, decrease the number of people potentially exposed to secondhand smoke and/or vapor through adoption of at least one community SHS smoke policy per year					
Note: Second policy priority must focus on population selected for health equity deliverable or the covered population must include at least one high health improvement zone census tract.					
Objective		Person Responsible	Start	End	Amount
P3C	Complete SHS focused community outreach and engagement activities				\$ 5,250
1	Conduct at least 1 SHS outreach activity		8/1/2023	9/30/2023	\$ 750
2	Conduct at least 2 SHS outreach activities		10/1/2023	12/31/2023	\$ 1,500
3	Conduct at least 2 SHS outreach activities		1/1/2024	3/31/2024	\$ 1,500
4	Conduct at least 2 SHS outreach activities		4/1/2024	6/30/2024	\$ 1,500
P3B	Choose two policy priority				\$ 8,500
1	Behavioral Health Facility Comprehensive Policy Implementation Activities		8/1/2023	6/30/2024	\$ 4,000
2	Implementation Plan for second priority policy		8/1/2023	9/30/2023	\$ 500
3	Second Chosen Priority Population Implementation Activities		10/1/2023	6/30/2024	\$ 4,000
P3D	Achieve adoption of one SHS policy				\$ 3,000
Total Policy (P3) Budget - (input as total for Deliverable Objective 3 in budget justification and under budget in GMIS)					\$ 16,750

Deliverable Objective 5 - Youth Prevention (Y): 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)]

Note: Youth outreach activities and youth engagement project (if chosen) should be focused in at least one high health improvement zone tract.

	Objective	Person Responsible	Start	End	Amount
Y5A	Complete youth prevention focused community outreach and education activities				\$ 5,250
1	Conduct at least 1 youth prevention outreach activity		8/1/2023	9/30/2023	\$ 750
2	Conduct at least 2 youth prevention outreach activities		10/1/2023	12/31/2023	\$ 1,500
3	Conduct at least 2 youth prevention outreach activities		1/1/2024	3/31/2024	\$ 1,500
4	Conduct at least 2 youth prevention outreach activities		4/1/2024	6/30/2024	\$ 1,500
Y5B	Conduct compliance checks				\$ 7,000
1	Train underage purchasers to conduct compliance checks		no later than prior month of conducting checks		\$ 1,000
2	Conduct compliance checks		8/1/2023	5/31/2024	\$ 3,000
3	Conduct retailer follow up		6/1/2024	6/30/2024	\$ 3,000
Y5C	Support and expand the reach of one POS state level mass media campaign				\$ 4,300
1	Complete and submit media communication plan		TBD	TBD	\$ 300
2	Complete at least one earned media activity leveraging 1st state level campaign		TBD	TBD	\$ 1,000
3	Reach x number of people with expansion and non-paid media support activities		TBD	TBD	\$ 3,000
Y5D	Tobacco Retail Licensing - Jurisdiction for TRL work:				\$ 3,550
1	Meet with TRL Contractor to conduct assessment and set plan		8/1/2023	9/30/2023	\$ 550
2	Complete TRL activities defined in plan		10/1/2023	6/30/2023	\$ 3,000
Y5E	Advanced Option 2				\$ -

1	Select project and provide completed project plan, identify and secure necessary partnerships		8/1/2023	9/30/2023	
2	Identify and recruit youth; draft promotional plan with and for youth		10/1/2023	10/31/2024	
3	Train youth; initiate work on project		10/1/2023	12/31/2023	
4	Assist youth in completing initial phase of project		1/1/2023	3/31/2023	
5	Youth outreach/advocacy/promotion		4/1/2024	6/30/2024	
6	Prepare final report		6/1/2024	6/30/2024	
7	Achieve SMART Objective				
Total Youth Prevention (Y5) Budget - (input as total for Deliverable Objective 5 in budget justification and under budget in GMIS)					\$ 20,100

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
H6A	Establish/continue contract with local lead agency				\$ -
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 and choose contracted amount of at least \$4000		7/1/2023	9/30/2023	
2	Manage contract and document completion of deliverables		7/1/2023	6/30/2024	
H6B	Collaborate with Lead Agency as contract manager and partner to assure implementation of initial goals and objectives of the Health Equity Strategic Plan				
1	Provide technical assistance and support to lead agency in completing and obtaining ODH approval of implementation plan for Year 2 of HE Strategic Plan		8/1/2023	6/30/2024	
2	Implementation Activities Q1		8/1/2023	9/30/2023	
3	Implementation Activities Q2		10/1/2023	12/31/2023	
4	Implementation Activities Q3		1/1/2024	3/31/2024	
5	Implementation Activities Q4 & Update Strategic Plan		4/1/2024	6/30/2024	
Total Health Equity (H6) Budget - (input as total for Deliverable Objective 6 in budget justification and under budget in GMIS)					\$ -

