




MEMORANDUM

Date: February 22, 2024

To: Subrecipient agencies

From: Jennifer Voit, Chief 
Bureau of Health Improvement and Wellness
Office of the Medical Director
Ohio Department of Health

Subject: Local Tobacco Prevention and Cessation Grant (TU25 – July 1, 2024 – June 30, 2025)

The Ohio Department of Health (ODH) Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., April 5, 2024. 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 at <https://odh.ohio.gov/about-us/funding-opportunities/resources/grant-solicitations>.

If you have questions, please contact Mandy Burkett at 614-644-7553 or e-mail her 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: 7/1/24-6/30/25 of the total project period, 7/1/22-6/30/25. Reference the competitive Solicitation for more information.

Subrecipient personnel paid using the deliverable funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

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.** Funding for Local Tobacco Prevention and Cessation grants is supported by both state and federal sources with an anticipated total funding amount of \$3,550,000. TUPCP anticipates funding 17 Tier One Applicants and 21 Tier two applicants. The base amounts for funding are \$60,000 for Tier 1 applicants, \$102,000 for Tier 2 applicants. Applicants may choose additional optional projects to maintain or increase funding levels from last year. Final award amounts will vary dependent on which optional funding projects the applicant selects and for which selected projects they are funded. The funding total for all applicants will not exceed \$3,550,000. No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

C. Formatting Requirements for Attachments [Suggested language provided, but can be updated to reflect program-specific requirements]:

- 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 Calibri 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. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. The Applicant has not been certified to the Attorney General's (AG's) office.
3. The Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday [insertdate.]**

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.** For TU25 the program progress report is combined with the Program narrative in the template provided in Appendix D1 or D2, a separate template is provided for tier one and tier two. While program progress reports will not be required in GMIS for TU25, grantees will submit the required program reporting spreadsheet with each expense report, as well as any other associated required documents as listed in the reporting document spreadsheet.

Program Narrative: Complete and submit a narrative statement (not to exceed 15 pages – submit only the template in D1 or D2, specific to the tier for which you are applying) which describes progress to date on TU24, explains any expected changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. It is expected that Tier 2 grantees will indicate at least one FTE (can be combined positions) dedicated to the work of TU25 and that Tier 1 grantees will indicate at least 0.75 FTE dedicated to the work of TU25. Please review data in your community to identify a priority population that bears a disproportionate burden of tobacco use and your work will need to be primarily focused on this population and/or on geographic areas within your jurisdiction that are high health improvement zones for each issue area. 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 D1 or D2). 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 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>. Please be sure to carefully consider what the chose priority population will be as this population will be the focus of work for some

objectives of the grant.

B. Objectives and Work Plan: Complete and submit a summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, Time-Based, Inclusive, and Equitable (SMARTIE) 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. **For TU25, please complete the workplan template in Appendix E. Choose the appropriate template for Tier One or Tier Two (For Tier Two applicants, please choose appropriate template for population under 60,000 or over 60,000).** Additional requirements for the grant are participation in at least monthly technical assistance calls with assigned program consultant, attendance at six all hands calls, active participation in and attendance at Tobacco Free Ohio Alliance (TFOA) Meetings, including participation in a TFOA committee, and attendance at up to four additional required trainings (see calendar available in Appendix G).

C. 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. **For TU25, this report is combined with other required reporting in the Program Progress & Project Narrative template provided in Appendix D.**

D. 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. (See Appendix F1-F3).

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. [2024-2025] 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, 2024 to June 30, 2025.

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

- Compliance:** Answer each question on this form. Completion of the form ensured the 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 (unless allowable by the grant).
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 the 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.

E. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

- A completed Project Progress & Project Narrative Template provided in Appendix D (all orange/gold cells must be completed by applicant). Fillable versions of these tables (D1 and D2) are available on the SharePoint site under TU25 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 orange/gold cells must be completed to indicate who will be responsible for completing the grant requirements, due dates, and budget allocations, where appropriate.

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

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 online automatically with each application.
- **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 new 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 register in SAM.gov and submit the information in the grant application. 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.

F. 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.

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. Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable ☐ Not Applicable to Local Tobacco Control Grants (TU25)

G. 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 reports must be completed and submitted via GMIS** by the following dates. [Additional language is optional.] **Program reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

☐ Program Reports Required ☒ No Program Reports Required

Monthly updates shall be provided to each grantee's assigned Public Health Consultant prior to monthly technical assistance calls on the form or by the method provided by ODH. No GMIS submission of program reports is required. However, grantee must submit to GMIS a deliverable payment verification form (provided by ODH) with each reimbursement that details what expenditures will be submitted for payment for each expenditure report. The DPV form and an up to date program reporting spreadsheet shall be provided to a grantee's assigned Public Health Consultant at least one week prior to the grantee submission of each expenditure report into GMIS. All program report attachments must clearly identify the authorized program name and grant number.

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

| Period | Report Due Date |
|-----------------------------|--------------------|
| July 1 – 31, 2024 | August 10, 2024 |
| August 1 – 31, 2024 | September 10, 2024 |
| September 1 – 30, 2024 | October 10, 2024 |
| October 1 – 31, 2024 | November 10, 2024 |
| November 1 – 30, 2024 | December 10, 2024 |
| December 1 – 31, 2024 | January 10, 2025 |
| January 1 – 31, 2024 | February 10, 2025 |
| February 1 – 28 or 29, 2025 | March 10, 2025 |
| March 1 – 31, 2025 | April 10, 2025 |
| April 1 – 30, 2025 | May 10, 2025 |
| May 1 – 31, 2025 | June 10, 2025 |
| June 1 – 30, 2025 | July 10, 2025 |

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

| Period | Report Due Date |
|-------------------------------|------------------|
| July 1 – September 30, 2024 | October 10, 2024 |
| October 1 – December 31, 2024 | January 10, 2025 |
| January 1 – March 31, 2025 | April 10, 2025 |
| April 1 – June 30, 2025 | July 10, 2025 |

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, 2025. 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, which 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 constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- B. Continuation Solicitation Reimbursement Type Form
- B1 Deliverable — Objective Descriptions
- B2 Deliverable — Objective Allocations
- CI. Evidence of Health Equity Strategies Checklist (Use this information to complete the Health Equity Questions in the Project Narrative Template)
- D1. Project Progress and Narrative – Tier 1
- D2. Project Progress and Narrative Template – Tier 2
(fillable versions available on Grant SharePoint Site)
- E1. Workplan Template – Tier 1
- E2. Workplan Template – Tier 2 (less than 60,000 Population)
- E3. Workplan Template – Tier 2 (more than 60,000 Population)
- E4. Workplan Template – Optional Projects – All Tiers
(fillable versions of workplans are available on the grantee SharePoint site)
- F1. Budget Justification/Allocation – Tier 1
- F2. Budget Justification/Allocation - Tier 2
- F3. Budget Justification/Allocation – Tier 2 Multiple Jurisdictions
- 1.** TU25 Calendar

Appendix A

Submission Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

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

ODH Program Title:
Tobacco Use Prevention and Cession
TU25

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, NOIAP's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by January 2, 2025.

Please email completed form to Maria Kapenda (Maria.Kapenda@odh.ohio.gov).

Appendix B1

Tier 1

Name of Subgrant Program: TU25 – Local Tobacco Control Grant

Budget Period: 7/1/24-6/30/25

of Deliverables: 4

Use Budget Justification Scenario #:

100% Deliverables

Deliverable — Objective 1: Administration and Data

Attend kickoff training (including pre-work and submission of TU25 Plans); Planning and Implementation of at least one All Hands Call Meeting; and Creation of at least one program success story that meets the ODH TUPCP requirements.

Deliverable — Objective 2: Cessation

Develop communications plans for 2 cessation campaigns which direct the priority population audience to the Ohio Tobacco Quit Line. ODH will provide the creative for each campaign. Completion of at least two (2) outreach and engagement activities are required with each campaign. These can include participation in events or any other activities that have been used for cessation outreach and engagement, but with inclusion of the campaign assets.

Deliverable — Objective 3: Youth

Implement at least three SMARTIE objectives from the Youth Action Plan developed in TU24. Complete youth outreach activities each quarter; Conduct compliance checks with underage purchasers between the ages of 18 and 20. NOTE: Youth activities should consider how high health improvement zones will be impacted by youth activities.

Deliverable – Objective 4: Secondhand Smoke

Achieve adoption of at least one 100% tobacco free school district policy (as scored by ODH in line with model policy) or, if all schools in jurisdiction are 100%, pass a behavioral health facility policy.

Appendix B1 (continued)

Tier 2

Name of Subgrant Program: TU25 – Local Tobacco Control Grant

Budget Period: 7/1/24-6/30/25

of Deliverables:

Use Budget Justification Scenario #:

100% Deliverables

Deliverable — Objective 1: Administration and Data

Attend kickoff training (including pre-work and submission of TU25 Plans); Collaboration with other TU25 grantess to planning and implementation of at least one All Hands Call Meeting; and Creation of at least one program success story that meets the ODH TUPCP requirements.

Deliverable — Objective 2: Cessation

Develop communications plans for two (2) cessation campaigns which direct the priority population audience to the Ohio Tobacco Quit Line. ODH will provide the creative for each campaign. Completion of at least two (2) outreach and engagement activities are required with each campaign. These can include participation in events or any other activities that have been used for cessation outreach and engagement, but with inclusion of the campaign assets.

Deliverable — Objective 3: Youth

Detail your plan to work on accessibility and availability of tobacco/nicotine to youth in your jurisdiction; Conduct compliance checks with underage purchasers between the ages of 18 and 20; Complete youth outreach activities each quarter. NOTE: Youth activities should impact high health improvement zones.

Deliverable – Objective 4: Secondhand Smoke

Pass a behavioral health facility policy or alternative policy as approved by ODH.

Deliverable – Objective 5: Health Equity

Establish/Continue contract with Local Lead Agency; Collaborate with Local Lead Agency to develop an implementation plan to assure complete activities of the Health Equity Strategic Plan assigned to current budget period in order to meet objectives.

OR

Provide an implementation plan (without a contractor) for issue specific activities (cessation, youth, secondhand smoke) that will further the objectives of the health equity strategic plan.

Appendix B1 (continued)

Tier 1 and Tier 2 Optional Activities

Deliverable – Objective 2: Cessation

- Complete a Pharmacy Project: Work with a pharmacy in the community to have pharmacist receive training certification (no cost training from Ohio Pharmacy Association) and implement a collaborative practice agreement/protocol for dispensing nicotine replacement therapy.
- Complete a Health System Change Project: Work with a healthcare provider to provide tobacco cessation training and document implementation of health system change to address nicotine dependence.

Deliverable – Objective 3: Youth

- Complete an Advocacy through Art Youth Engagement Project.
- Complete an Environmental Impact Youth Engagement Project.
- Complete an Anti-Vaping Video Contest Youth Engagement Project.
- Complete a self-designed ODH Approved Youth Engagement Project.
- Complete a Youth Media Campaign.

Deliverable – Objective 4: Secondhand Smoke Policy

- Complete a self-designed ODH Approved SHS Policy Project.

Appendix B2 – Funding Allocation – Optional funding will be approved as funding allows

| | Required/ Optional | Tier One | Funding Level for Counties with Population Less Than 60,000 | Annual Funding Level for Counties with a Population Greater Than 60,000 | Total |
|--------------------------------------------------------------------------------------------|-----------------------|----------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|--------|
| Deliverable – Objective 1- Administration | | | | | |
| Planning and Kickoff | Required | 10,000 | 10,000 | 10,000 | 10,000 |
| All Hands Call Lead | Required | 200 | 200 | 200 | 200 |
| Participation in TFOA Committee | Required | 800 | 800 | 800 | 800 |
| Success Story | Required | 1000 | 1,000 | 1,000 | 1,000 |
| Administration Total Deliverable | | | | | 12,000 |
| Deliverable – Objective 2 - Cessation | | | | | |
| Cessation Media Campaign #1 + at least 2 O&E activities during the campaign | Required | 5,500 | 10,500 | 11,000 | |
| Cessation Media Campaign #2 + at least 2 O&E activities during the campaign | Required | 5,500 | 10,500 | 11,000 | |
| Insert Total from Cessation Optional Funds | | | | | |
| Cessation Total Deliverable | | | | | |
| Deliverable – Objective 3 - Youth Prevention | | | | | |
| Implementation of Youth Action Plan (Tier 1 Only) | T1 - Required | 15000 | 0 | 0 | |
| Accessibility and Availability Capacity Building | T2 - Required | 0 | 7,000 | 10,000 | |
| Compliance Checks & Retailer Follow Up | Required | 6,000 | 6,000 | 9,000 | |
| Youth Outreach and Engagement Activities (2 in Q1; 3 in Q2-4) | Required | 6,000 | 6,000 | 6,000 | |
| Insert Total from Youth Prevention Optional Funds | | | | | |
| Youth Prevention Total Deliverable | | | | | |
| Deliverable – Objective 4 – Secondhand Smoke Policy | | | | | |
| Passage of Behavioral Health Facility Policy or passage of other policy as approved by ODH | Required | 10,000 | 10,000 | 13,000 | 13,000 |
| Insert Total from Youth Prevention Optional Funds | | | | | |
| Secondhand Smoke Policy Total Deliverable | | | | | |
| Deliverable – Objective 5 - Health Equity (Choose One – Tier 2 only) | | | | | |
| Strategic Plan Implementation with contract (same as this year for Tier 2) | T2 - Required | 0 | 25,000 | 30,000 | |
| Strategic Plan implementation activities integrated with other deliverables (no contract) | | | | | |
| Total Funding for All Deliverables (add five light blue boxes + total) | | 60,000 | 87,000 | 102,000 | |
| Optional Funding | | | | | |
| | | | | | Total |
| Cessation Project #1 - Pharmacy Project | Optional | 15,000 | 15,000 | 15,000 | |
| Cessation Project #2 - Health System Change | Optional | 15,000 | 15,000 | 15,000 | |
| Youth Project #1 - Advocacy through Art | Optional | 15,000 | 15,000 | 15,000 | |
| Youth Project #2 - Environmental Impact | Optional | 15,000 | 15,000 | 15,000 | |
| Youth Project #3 - Anti-Vaping Video Contest | Optional | 15,000 | 15,000 | 15,000 | |
| Youth or SHS Policy Project #4 – Grantee Designed and ODH Approved Other Project | Optional | 15,000 | 15,000 | 15,000 | |
| Youth Media Campaign - MCRC or other creative assets approved by ODH (4 month campaign) | Optional | 15,000 | 15,000 | 15,000 | |

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 aimed at eliminating disparities and achieving health equity. They are not required, but highly encouraged to use.

- 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, community organizations, businesses, universities, 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.

[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]

Appendix D1 – Project Progress and Narrative – Tier 1

| Tier One - Program Progress & Project Narrative (15-page limit for this document) | |
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| Name of Applicant Agency | |
| Progress (provide a description of progress toward TU24 deliverable objectives) | |
| Deliverable One: Administration and Data (A&D1) | |
| On what project will your TU24 success story focus? Why do you believe this will be an impactful success for you? Please provide any relevant data associated (e.g., number of people affected). | |
| Deliverable Two: Cessation (C2) | |
| Describe 2 most successful Outreach and Engagement activities you conducted for Cessation and the result-based outcomes you achieved. | |
| Describe the challenges/barriers you experienced with Cessation outreach and engagement activities. | |
| How were challenges/barriers addressed? | |
| Summarize the successes and challenges/barriers of the cessation media campaign you conducted in Quarter 2 and Quarter 3 of TU24. | |
| How were challenges/barriers addressed? | |
| Deliverable Four: Youth (Y3) | |
| Describe 2 most successful Outreach and Engagement activities you conducted for Youth and the result-based outcomes you achieved. | |
| Describe the challenges/barriers you | |

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| experienced with Cessation outreach and engagement activities. | |
| How were challenges/barriers addressed? | |
| Describe progress toward your Youth Action Plan for Tobacco. | |
| Describe how have you maintained engagement of youth and other workgroup members. | |
| Briefly describe the most impactful youth work you've accomplished this year. | |
| Describe your plans to conduct store audits once the training has been offered. | |
| Describe how you will address any anticipated barriers. | |
| Health Equity | |
| Please provide a summary of specific activities completed to outreach to priority populations and provide any available associated outcome data. (i.e., for cessation outreach and engagement and media, and for youth – high SVI areas) | |
| Staffing Changes for TU24/Staffing for TU25 | |
| Tier 1 had no staffing requirement for TU24. Please refer to your TU24 application for your projected staff and describe any changes to staffing that have occurred since the beginning of TU24. | |
| If staffing changes occurred how have any barriers to grant completion been addressed? | |
| Please provide the names, titles, and the percentage of time each position will dedicate to the grant for TU25. This is | |

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| expected to equal at least 0.75 FTE for Tier 1. | |
| TU25 Plans | |
| Administration: A1 | |
| Affirm that primary and secondary staff for the grant (anyone directly involved in the program work of TU25) will attend the kickoff training and will participate in completion of the planning documents provided prior to attendance. Kickoff is scheduled later in July this year to allow time to work on plans before the kickoff meeting. | |
| Confirm TU25 staff (at least one representative) will participate in monthly technical assistance calls, bi-monthly all hands calls (including timely response to pre-call surveys), quarterly TFOA meetings, and required trainings. | |
| Confirm you will complete at least one success story during TU25 that meets ODH success story requirements. | |
| Confirm you will participate in all ODH evaluation activities related to TU25. | |
| Cessation : C2 | |
| Describe how you plan to utilize partners to expand the reach of required cessation media campaigns. | |
| Describe options you will consider for earned media including those you have found successful in TU24. Note: earned media will be included in overall reach numbers for TU25. | |
| Youth Prevention: Y3 | |
| Summarize your plans for youth outreach and | |

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| engagement activities for TU25. What types of activities will you pursue and what types of result-based outcomes do you plan to achieve? How will you use what you learned last year to inform this year's activities? | |
| Describe how you intend to recruit underage purchasers for compliance checks. | |
| What barriers do you anticipate you might encounter for TU25 compliance checks and how will you overcome them? | |
| SHS Policy: S4 | |
| What is your potential policy target for TU25? (It is a requirement to work with a behavioral health facility unless granted a waiver by the program manager.) | |
| Briefly describe the steps you intend to take to achieve policy adoption. | |
| Health Equity | |
| Identify the specific groups who experience a disproportionate burden of tobacco in your jurisdiction (See Appendix C for additional resources) and identify the population on which you will focus your efforts for TU25. | |
| 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? | |

[illegible]

Appendix D2 – Project Progress and Narrative – Tier 2

| Tier Two - Program Progress & Project Narrative (15-page limit for this document) | |
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| Name of Applicant Agency | |
| Progress (provide a description of progress toward TU24 deliverable objectives) | |
| Deliverable One: Administration and Data (A&D1) | |
| Did you complete the Community Survey, meeting the required number of responses? Describe the most interesting findings. How have you used this data to further your work for TU24? | |
| On what project will your TU24 success story focus? Why do you believe this will be or has been an impactful success for you? Please provide any relevant data associated (e.g., number of people affected). | |
| Deliverable Two: Cessation (C2) | |
| Describe 2 most successful Outreach and Engagement activities you conducted for Cessation and the result-based outcomes you achieved. | |
| Describe the challenges/barriers you experienced with Cessation outreach and engagement activities. | |
| How were challenges/barriers addressed? | |
| Summarize the successes and challenges/barriers of the cessation media campaign you conducted in Quarter 2 and Q3 of TU24. | |
| How were challenges/barriers addressed? | |
| Deliverable Three: SHS Policy (P3) | |

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| Describe 2 most successful Outreach and Engagement activities you conducted for SHS Policy and the result-based outcomes you achieved. | |
| Describe the challenges/barriers you experienced with SHS Policy Outreach and Engagement activities. | |
| How were challenges/barriers addressed? | |
| Deliverable Four: Youth (Y4) | |
| Describe 2 most successful Outreach and Engagement activities you conducted for Youth and the result-based outcomes you achieved. | |
| Describe the challenges/barriers you experienced with Cessation outreach and engagement activities. | |
| How were challenges/barriers addressed? | |
| Describe progress toward tobacco retail licensing (TRL) in your jurisdiction, the successes you achieved and the challenges/barriers you've encountered. | |
| What kinds of activities would you like to pursue related to access and availability of tobacco/nicotine to youth in your jurisdiction while TRL is off the table? | |
| Describe the progress on your youth engagement project and describe the successes and challenges/barriers you have encountered. | |
| Briefly describe the most impactful youth work you've accomplished this year. | |

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| Describe progress toward conducting assigned compliance checks. If you've not started, what are your plans for completing this activity? Have you attempted to engage local law enforcement in your area for assistance? Describe successes and challenges/barriers. | |
| What have you done to address challenges/barriers encountered? | |
| Deliverable Five: Health Equity (H5) | |
| With what organization did you contract for HE work? Describe the success and challenges of this relationship. | |
| How were any barriers encountered addressed? | |
| Please provide a brief summary of specific activities completed to outreach to priority populations and/or neighborhoods specified in the strategic plan and provide any available associated outcome data. Provide any data collected on reach or progress toward strategic plans/priorities. | |
| Staffing Changes for TU24/Staffing for TU25 | |
| Tier 2 applicants are expected to dedicate at least one full time equivalent (FTE) staff position to the grant work. Please refer to your TU24 application for your projected staff and describe any changes to staffing that have occurred since the beginning of TU24. | |
| If staffing changes occurred how have any barriers to grant completion, in the face of staff transition been addressed? | |

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| Please provide the names, titles, and the percentage of time each position will dedicate to the grant for TU25. This is expected to equal at least 1 FTE for Tier 2. | |
| TU25 Plans | |
| Administration: A1 | |
| Affirm that primary and secondary staff for the grant (anyone directly involved in the program work of TU25) will attend the kickoff training and will participate in completion of the planning documents provided prior to attendance. Kickoff is scheduled later in July this year to allow time to work on plans before the kickoff meeting. | |
| Confirm TU25 staff (at least one representative) will participate in monthly technical assistance calls, bi-monthly all hands calls (including timely response to pre-call surveys), quarterly TFOA meetings, and required trainings. | |
| Confirm you will complete at least one success story during TU25 that meets ODH success story requirements. | |
| Confirm you will participate in all ODH evaluation activities related to TU25. | |
| Cessation : C2 | |
| Describe how you plan to utilize partners to expand the reach of required cessation media campaigns. | |
| Describe options you will consider for earned media including those you have found successful in TU24. | |
| Describe potential events or outreach and engagement | |

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| activities you will conduct to increase the reach of the cessation media campaigns. | |
| Youth Prevention: Y4 | |
| What are your proposed activities to address youth access and availability in your jurisdiction? | |
| Describe how you intend to recruit underage purchasers for compliance checks? | |
| What barriers do you anticipate you might encounter for TU25 compliance checks and how will you overcome them? | |
| Summarize your plans for youth outreach and engagement activities for TU25. What activity types will you pursue and what types of result-based outcomes will you attempt to achieve? How will you use what you learned last year to inform this year's activities? | |
| SHS Policy: S3 | |
| What policy does your project plan to pass during TU25? (It is a requirement to work with a behavioral health facility unless granted a waiver by the program manager.) | |
| Describe where in the policy pipeline your jurisdiction is with this policy? | |
| Health Equity: H5 | |
| Identify the specific priority population from your health equity strategic plan. | |
| Do you intend to continue work with your contracted lead agency, contract with a different agency, or facilitate the work of the HE strategic plan from within your organization? | |

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| What objectives and activities from your strategic plan will be the focus of your health equity work for TU25? | |
| What partners will need to be engaged for this work? | |
| Optional Funding – List Optional Activities in order of preference of funding. Optional activities will be awarded based on description of activities and as funding allows. Funding decisions will be based on how well you explain how you will implement chosen optional projects, on overall application score which includes prior performance ratings, and on interest of all grantees in optional activities which will influence the amount of funding to be distributed among interested parties. For each activity chosen, please provide a detailed description of how you will accomplish the activity, including data you will collect to show impact/how the activity will be evaluated. | |
| Deliverable: | |
| Activity: | |
| Deliverable: | |
| Activity: | |
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NOTE: Fillable documents can be found on the SharePoint site for Local Grantees.

Appendix E1 - Tobacco Use Prevention and Cessation Grant-2024-2025 Workplan – Tier 1

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| Agency: | |
| County: | |

Instructions : 1.) Fill in agency and county on lines 2 and 3 above. 2.) For each "required" activity, add the name of person(s) responsible for completion on or before the due date listed. 3.) For each "optional project" for which your agency wishes to be considered, fill in "funds requested" cell in Column F. Each of these amounts will carry into the totals at the bottom. 4.) For each optional objective chosen, go to "optional projects" tab of this worksheet and fill in responsible persons and complete the due dates and budget fields. Note that funding for all optional projects is based on availability of funding, past performance and continuation application score. Fill in all orange cells.

| | | Required or Optional | Person(s) Responsible | Due Date | Funds Available | Funds Requested |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------|------------|-----------------|--------------------|
| A1 | Deliverable – Objective 1- Administration | | | | | |
| A1-A | Planning and Kickoff | Required | | | \$ 10,000.00 | \$ 10,000.00 |
| A1A-1 | Attend two day kickoff in Columbus | Required | | 7/31/2024 | \$ 3,000.00 | \$ 3,000.00 |
| A1A-2 | Develop and gain approval for staffing plan, with contingency plans for vacancies. | Required | | 7/31/2024 | \$ 250.00 | \$ 250.00 |
| A1A-3 | Develop and gain approval for Communication Plan | Required | | 7/31/2024 | \$ 1,000.00 | \$ 1,000.00 |
| A1A-4 | Develop and gain approval for Outreach and Engagement Plan | Required | | 7/31/2024 | \$ 2,250.00 | \$ 2,250.00 |
| A1A-5 | Approval of Youth Action Plan/Implementation | Required | | 7/31/2024 | \$ 1,000.00 | \$ 1,000.00 |
| A1A-6 | Develop and gain approval for Secondhand Smoke Policy (School of Behavioral Health Facility) Implementation Plan | Required | | 7/31/2024 | \$ 2,500.00 | \$ 2,500.00 |
| A1B | Serve on planning committee or lead one All Hands Call and participate in all six AHC meetings. | Required | | 6/30/2025 | \$ 200.00 | \$ 200.00 |
| A1C | Document participation in TFOA Committee | Required | | 6/30/2025 | \$ 800.00 | \$ 800.00 |
| A1D | Submit TU Success Story | Required | | 6/30/2025 | \$ 1,000.00 | \$ 1,000.00 |
| C2 | Deliverable – Objective 2 - Cessation | | | | | |
| C2A | Using approved Communications Plan, document achievement of reach goal, one earned media activity and two outreach and engagement activities for Cessation Campaign #1 | Required | | 3/30/2025 | \$ 5,500 | \$ 5,500 |
| C2B | Using approved Communications Plan, document achievement of reach goal, one earned media activity and two outreach and engagement activities for Cessation Campaign #2 | Required | | 6/30/2025 | \$ 5,500 | \$ 5,500 |
| C2C | Cessation Project #1 - Pharmacy Project | Optional | Fill in on Optional Projects Tab of this | 6/30/2025 | \$ 15,000.00 | |
| C2D | Cessation Project #2 - Health System Change | Optional | | 6/30/2025 | \$ 15,000.00 | |
| Y3 | Deliverable – Objective 3 - Youth Prevention | | | | | |
| Y3A | Youth Action Plan Implementation | Required | | | \$ 15,000.00 | \$ 15,000.00 |
| Y3A-1 | Implementation Plan for Q1 (two months) | Required | | 9/30/2024 | \$ 3,000.00 | \$ 3,000.00 |
| Y3A-2 | Implementation Plan for Q2 | Required | | 12/31/2024 | \$ 4,000.00 | \$ 4,000.00 |
| Y3A-3 | Implementation Plan for Q3 | Required | | 3/31/2025 | \$ 4,000.00 | \$ 4,000.00 |
| Y3A-4 | Implementation Plan for Q4 | Required | | 6/30/2025 | \$ 4,000.00 | \$ 4,000.00 |
| Y3B | Conduct Compliance Checks | Required | | | \$ 6,000 | \$ 6,000 |
| Y3B-1 | Attend compliance check training | Required | | 9/30/2024 | \$ 500 | \$ 500 |
| Y3B-2 | Train underage purchasers to conduct compliance checks | Required | | 12/31/2024 | \$ 500 | \$ 500 |
| Y3B-3 | Conduct compliance checks | Required | | 5/31/2025 | \$ 2,500 | \$ 2,500 |
| Y3B-4 | Conduct retailer follow up | Required | | 6/30/2025 | \$ 2,500 | \$ 2,500 |
| Y3C | Complete youth Outreach and Engagement Activities | Required | | | \$ 6,000 | \$ 6,000 |
| Y3C-1 | Q1 (two months) - Conduct 2 O&E Result Based Activities | Required | | 9/30/2024 | \$ 1,050 | \$ 1,050 |

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| Y3C-2 | Q2 - Conduct 3 O&E Result Based Activities | Required | | 12/31/2024 | \$ 1,650 | \$ 1,650 |
| Y3C-3 | Q3 - Conduct 3 O&E Result Based Activities | Required | | 3/31/2025 | \$ 1,650 | \$ 1,650 |
| Y3C-4 | Q4 - Conduct 3 O&E Result Based Activities | Required | | 6/30/2025 | \$ 1,650 | \$ 1,650 |
| Y3D | Youth Project #1 - Advocacy through Art | Optional | Fill in on Optional Projects Tab of this Spreadsheet | 6/30/2025 | \$ 15,000.00 | |
| Y3E | Youth Project #2 - Environmental Impact | Optional | | 6/30/2025 | \$ 15,000.00 | |
| Y3F | Youth Project #3 - Anti-Vaping Video Contest | Optional | | 6/30/2025 | \$ 15,000.00 | |
| Y3G | Youth Project #4 - Self designed ODH Approved Other Project | Optional | | 6/30/2025 | \$ 15,000.00 | |
| Y3H | Youth Media Campaign | Optional | | 6/30/2025 | \$ 15,000.00 | |
| P4 | Deliverable – Objective 4 – Secondhand Smoke Policy | | | | | |
| P4A | Passage of 100% Comprehensive Behavioral Health Facility Policy or passage of other policy, as approved by ODH | Required | | | \$ 10,000.00 | \$ 10,000.00 |
| P4A-1 | Completion of Implementation Activities-Q1 (two months) | Required | | 9/30/2024 | \$ 1,200.00 | \$ 1,200.00 |
| P4A-2 | Completion of Implementation Activities-Q2 | Required | | 12/31/2024 | \$ 1,800.00 | \$ 1,800.00 |
| P4A-3 | Completion of Implementation Activities-Q3 | Required | | 3/31/2025 | \$ 1,800.00 | \$ 1,800.00 |
| P4A-4 | Completion of Implementation Activities-Q4 | Required | | 6/30/2025 | \$ 1,800.00 | \$ 1,800.00 |
| P4A-5 | Document policy adoption | Required | | 6/30/2025 | \$ 3,400.00 | \$ 3,400.00 |
| P4B | SHS Policy Project #4 - ODH Approved Other Project | Optional | Fill in on Optional Projects Tab of this Spreadsheet | 6/30/2025 | \$ 15,000.00 | |
| Total Required Objectives | | | | | \$ | 60,000.00 |
| Total Optional Objectives | | | | | \$ | - |
| Total Budget Requested | | | | | \$ | 60,000.00 |

Appendix E2 - Tobacco Use Prevention and Cessation Grant-2023-2024 Workplan – Tier 2 < 60K pop

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| | | Agency: | | | | |
| | | County: | | | | |
| <i>Instructions:</i> 1.) Fill in agency and county on lines 2 and 3 above. 2.) For each "required" activity, add the name of person(s) responsible for completion on or before the due date listed. 3.) For each "optional project" for which your agency wishes to be considered, fill in "funds requested" cell in Column F. Each of these amounts will carry into the totals at the bottom. 4.) For each optional objective chosen, go to "optional projects" tab of this worksheet and fill in responsible persons and complete the due dates and budget fields. Note that funding for all optional projects is based on availability of funding, past performance and continuation application score. Fill in orange cells for all required activities and for those optional activities for which you are applying. | | | | | | |
| | | Required or Optional | Person(s) Responsible | Due Date | Funds Available | Funds Requested |
| A1 | Deliverable – Objective 1- Administration | | | | | |
| A1A | Planning and Kickoff | Required | | | \$ 10,000 | \$ 10,000 |
| A1A1 | Attend two day kickoff in Columbus | Required | | 7/31/2024 | \$ 2,500 | \$ 2,500 |
| A1A2 | Develop and gain approval for staffing plan, with contingency plans for vacancies. | Required | | 7/31/2024 | \$ 250 | \$ 250 |
| A1A3 | Develop and gain approval for Communication Plan #1 | Required | | 7/31/2024 | \$ 500 | \$ 500 |
| A1A4 | Develop and gain approval for Communication Plan #2 | Required | | 7/31/2024 | \$ 500 | \$ 500 |
| A1A5 | Develop and gain approval for Youth Outreach and Engagement Plan | Required | | 7/31/2024 | \$ 2,000 | \$ 2,000 |
| A1A6 | Tobacco Retail License Work (Options: Capacity Building, Near Pass, Implementation) | Required | | 7/31/2024 | \$ 1,000 | \$ 1,000 |
| A1A7 | Health Equity Implementation Plan | Required | | 7/31/2024 | \$ 1,000 | \$ 1,000 |
| A1A8 | Develop and gain approval for Second Hand Smoke (SHS) Policy Plans (Behavioral Health Facility and Secondary Policy Priority) | Required | | 7/31/2024 | \$ 2,250 | \$ 2,250 |
| A1B | Serve as lead for one TU25 All Hands Call (decided at kickoff) | Required | | 6/30/2025 | \$ 200 | \$ 200 |
| A1C | Submit TU Success Story | Required | | 6/30/2025 | \$ 1,000 | \$ 1,000 |
| A1D | Document participation on TFOA Committee | Required | | 6/30/2025 | \$ 800 | \$ 800 |
| C2 | Deliverable – Objective 2 - Cessation | | | | | |
| C2A | Using approved Communications Plan, document achievement of reach goal, one earned media activity and two outreach and engagement activities for Cessation Campaign #1 | Required | | 3/30/2025 | \$ 10,500 | \$ 10,500 |

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|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|------------|-----------|-----------|
| C2B | Using approved Communications Plan, document achievement of reach goal, one earned media activity and two outreach and engagement activities for Cessation Campaign #2 | Required | | 6/30/2025 | \$ 10,500 | \$ 10,500 |
| C2C | Cessation Project #1 - Pharmacy Project | Optional | | 6/30/2025 | \$ 15,000 | |
| C2D | Cessation Project #2 - Health System Change | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3 | Deliverable – Objective 3 - Youth Prevention | | | | | |
| Y3A | Availability and Accessibility of Tobacco/Nicotine to Youth | Required | | | \$ - | \$ 7,000 |
| Y3A1 | Completion of Implementation Activities-Q1 (two months) | Required | | 9/30/2024 | | |
| Y3A2 | Completion of Implementation Activities-Q2 | Required | | 12/31/2024 | | |
| Y3A3 | Completion of Implementation Activities-Q3 | Required | | 3/31/2025 | | |
| Y3A4 | Completion of Implementation Activities-Q4 | Required | | 6/30/2025 | | |
| Y3B | Conduct Compliance Checks | Required | | | \$ 6,000 | \$ 6,000 |
| Y3B1 | Attend compliance check training | Required | | 9/30/2024 | \$ 500 | \$ 500 |
| Y3B2 | Train underage purchasers to conduct compliance checks | Required | | 12/31/2024 | \$ 500 | \$ 500 |
| Y3B3 | Conduct compliance checks | Required | | 5/31/2025 | \$ 2,500 | \$ 2,500 |
| Y3B4 | Conduct retailer follow up | Required | | 6/30/2025 | \$ 2,500 | \$ 2,500 |
| Y3C | Complete youth Outreach and Engagement Activities | Required | | | \$ 6,000 | \$ 6,000 |
| Y3C1 | Q1 (two months) - Conduct 2 O&E Result Based Activities | Required | | 9/30/2024 | \$ 1,050 | \$ 1,050 |
| Y3C2 | Q2 - Conduct 3 O&E Result Based Activities | Required | | 12/31/2024 | \$ 1,650 | \$ 1,650 |
| Y3C3 | Q3 - Conduct 3 O&E Result Based Activities | Required | | 3/31/2025 | \$ 1,650 | \$ 1,650 |
| Y3C4 | Q4 - Conduct 3 O&E Result Based Activities | Required | | 6/30/2025 | \$ 1,650 | \$ 1,650 |
| Y3D | Youth Project #1 - Advocacy through Art | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3E | Youth Project #2 - Environmental Impact | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3F | Youth Project #3 - Anti-Vaping Video Contest | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3G | Youth Project #4 - ODH Approved Other Project | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3H | Youth Media Campaign | Optional | | 6/30/2025 | \$ 15,000 | |
| P4 | Deliverable – Objective 4 – Secondhand Smoke Policy | | | | | |
| P4A | Implementation of SHS policy plans | Required | | | \$ 10,000 | \$ 10,000 |
| P4A1 | Completion of Implementation Activities-Q1 (two months) | Required | | 9/30/2024 | \$ 1,175 | \$ 1,175 |
| P4A2 | Completion of Implementation Activities-Q2 | Required | | 12/31/2024 | \$ 2,275 | \$ 2,275 |
| P4A3 | Completion of Implementation Activities-Q3 | Required | | 3/31/2025 | \$ 2,275 | \$ 2,275 |
| P4A4 | Completion of Implementation Activities-Q4 | Required | | 6/30/2025 | \$ 2,275 | \$ 2,275 |
| P4A5 | Document policy adoption | Required | | 6/30/2025 | \$ 2,000 | \$ 2,000 |
| P4B | Deliverable – Objective 5 - Health Equity (Required-input total amount for option 1 or 2 in column F, complete activities budget on second worksheet) | | | | | |
| H5 | Choose Either Option 1 OR Option 2 (not both) | | | | | |
| | Strategic Plan Implementation-with contract | Option 1 | | 6/30/2025 | \$ 25,000 | |
| H5A | Define activities for which the contracted lead agency will be responsible (deliverables), obtain ODH approval prior to execution, and execute a signed contract with the lead agency and choose contracted amount of at least \$4,000 | Required for Option 1 only | | 9/30/2023 | | |
| H5A1 | Manage contract and document completion of deliverables | Required | | 6/30/2024 | | |
| H5A2 | Completion of Implementation Activities - Q1 - 2 months only | Required | | 9/30/2023 | | |
| H5A3 | Completion of Implementation Activities - Q2 | Required | | 12/31/2023 | | |
| H5A4 | Completion of Implementation Activities - Q3 | Required | | 3/31/2024 | | |
| H5A5 | Completion of Implementation Activities - Q4 | Required | | 6/30/2024 | | |
| H5A6 | Strategic Plan implementation -no contract, significant partner involvement | Option 2 | | 6/30/2025 | \$ 25,000 | |
| H5A | Completion of Implementation Activities - Q1 - 2 months only | Required | | 9/30/2023 | | |
| H5A1 | Completion of Implementation Activities - Q2 | Required | | 12/31/2023 | | |
| H5A2 | Completion of Implementation Activities - Q3 | Required | | 3/31/2024 | | |
| H5A3 | Completion of Implementation Activities - Q4 | Required | | 6/30/2024 | | |
| H5A4 | Total Required Objectives | | | | | \$ 87,000 |
| | Total Optional Projects | | | | | |
| | Total Budget Requested | | | | | \$ 87,000 |

NOTE: Fillable Workplans are available on SharePoint

Appendix E3 - Tobacco Use Prevention and Cessation Grant-2023-2024 Workplan – Tier 2 >60K pop

| | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|-----------------|------------------------|------------------------|
| | | Agency: | | | | |
| | | County: | | | | |
| <i>Instructions : 1.) Fill in agency and county on lines 2 and 3 above. 2.) For each "required" activity, add the name of person(s) responsible for completion on or before the due date listed. 3.) For each "optional project" objective for which your agency wishes to be considered, fill in "funds requested" cell in Column F. Each of these amounts will carry into the totals at the bottom. 4.) Input health equity option (contract or not contract) by entering funding amounts on corresponding lines. 5.) For each optional objective chosen, go to "optional objectives" worksheet and fill in responsible persons and complete the budget fields. Note that funding for all optional activities is based on availability of funding, past performance and continuation application score. Fill in orange cells for all required activities and for those optional activities for which you are applying.</i> | | | | | | |
| | | Required or Optional | Person(s) Responsible | Due Date | Funds Available | Funds Requested |
| A1 | Deliverable – Objective 1- Administration | | | | | |
| A1A | Planning and Kickoff | Required | | | \$ 10,000 | \$ 10,000 |
| A1A1 | Attend two day kickoff in Columbus | Required | | 7/31/2024 | \$ 2,500 | \$ 2,500 |
| A1A2 | Develop and gain approval for staffing plan, with contingency plans for vacancies. | Required | | 7/31/2024 | \$ 250 | \$ 250 |
| A1A3 | Develop and gain approval for Communication Plan #1 | Required | | 7/31/2024 | \$ 500 | \$ 500 |
| A1A4 | Develop and gain approval for Communication Plan #2 | Required | | 7/31/2024 | \$ 500 | \$ 500 |
| A1A5 | Develop and gain approval for Youth Outreach and Engagement Plan | Required | | 7/31/2024 | \$ 1,500 | \$ 1,500 |
| A1A6 | Develop and gain approval for Availability and Accessibility Plan | Required | | 7/31/2024 | \$ 1,500 | \$ 1,500 |
| A1A7 | Health Equity Implementation Plan | Required | | 7/31/2024 | \$ 1,000 | \$ 1,000 |
| A1A8 | Develop and gain approval for BH facility TF Policy implementation Plan or alternative policy as approved by ODH. | Required | | 7/31/2024 | \$ 2,250 | \$ 2,250 |
| A1B | Serve on planning call for one TU25 All Hands Call (decided at kickoff) | Required | | 6/30/2025 | \$ 200 | \$ 200 |
| A1C | Submit TU25 Success Story | Required | | 6/30/2025 | \$ 1,000 | \$ 1,000 |
| A1D | Document participation on TFOA Committee | Required | | 6/30/2025 | \$ 800 | \$ 800 |
| C2 | Deliverable – Objective 2 - Cessation | | | | | |
| C2A | Using approved Communications Plan, document achievement of reach goal, one earned media activity and two outreach and engagement activities for Cessation Campaign #1 | Required | | 3/30/2025 | \$ 11,000 | \$ 11,000 |
| C2B | Using approved Communications Plan, document achievement of reach goal, one earned media activity and two outreach and engagement activities for Cessation Campaign #2 | Required | | 6/30/2025 | \$ 11,000 | \$ 11,000 |
| C2C | Cessation Project #1 - Pharmacy Project | Optional | | 6/30/2025 | \$ 15,000 | |
| C2D | Cessation Project #2 - Health System Change | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3 | Deliverable – Objective 3 - Youth Prevention | | | | | |
| Y3A | Availability and Accessibility of Tobacco/Nicotine to Youth | Required | | | \$ - | \$ 10,000 |
| Y3A1 | Completion of Implementation Activities-Q1 (two months) | Required | | 9/30/2024 | | |
| Y3A2 | Completion of Implementation Activities-Q2 | Required | | 12/31/2024 | | |
| Y3A3 | Completion of Implementation Activities-Q3 | Required | | 3/31/2025 | | |
| Y3A4 | Completion of Implementation Activities-Q4 | Required | | 6/30/2025 | | |
| Y3B | Conduct Compliance Checks | Required | | | \$ 9,000 | \$ 9,000 |
| Y3B1 | Attend compliance check training | Required | | 9/30/2024 | \$ 500 | \$ 500 |
| Y3B2 | Train underage purchasers to conduct compliance checks | Required | | 12/31/2024 | \$ 500 | \$ 500 |
| Y3B3 | Conduct compliance checks | Required | | 5/31/2025 | \$ 6,000 | \$ 6,000 |
| Y3B4 | Conduct retailer follow up | Required | | 6/30/2025 | \$ 2,000 | \$ 2,000 |
| Y3C | Complete youth Outreach and Engagement Activities | Required | | | \$ 6,000 | \$ 6,000 |
| Y3C1 | Completion of 2 results-based outreach and engagement activities | Required | | 9/30/2024 | \$ 1,050 | \$ 1,050 |
| Y3C2 | Completion of 3 results-based outreach and engagement activities | Required | | 12/31/2024 | \$ 1,650 | \$ 1,650 |
| Y3C3 | Completion of 3 results-based outreach and engagement activities | Required | | 3/31/2025 | \$ 1,650 | \$ 1,650 |
| Y3C4 | Completion of 3 results-based outreach and engagement activities | Required | | 6/30/2025 | \$ 1,650 | \$ 1,650 |
| Y3D | Youth Project #1 - Advocacy through Art | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3E | Youth Project #2 - Environmental Impact | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3F | Youth Project #3 - Anti-Vaping Video Contest | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3G | Youth Project #4 - ODH Approved Other Project | Optional | | 6/30/2025 | \$ 15,000 | |
| Y3H | Youth Media Campaign | Optional | | 6/30/2025 | \$ 6,000 | |
| P4 | Deliverable – Objective 4 – Secondhand Smoke Policy | | | | | |
| P4A | Passage of 100% Comprehensive Behavioral Health Facility Policy or passage of other policy, as approved by ODH | Required | | | \$ 13,000 | \$ 13,000 |
| P4A1 | Completion of Implementation Activities-Q1 (two months) | Required | | 9/30/2024 | \$ 1,900 | \$ 1,900 |
| P4A2 | Completion of Implementation Activities-Q2 | Required | | 12/31/2024 | \$ 2,700 | \$ 2,700 |
| P4A3 | Completion of Implementation Activities-Q3 | Required | | 3/31/2025 | \$ 2,700 | \$ 2,700 |
| P4A4 | Completion of Implementation Activities-Q4 | Required | | 6/30/2025 | \$ 2,700 | \$ 2,700 |
| P4A5 | Document policy adoption | Required | | 6/30/2025 | \$ 3,000 | \$ 3,000 |
| P4B | SHS Policy Project #4 - ODH Approved Other Project | Optional | | 6/30/2025 | \$ 15,000 | |
| H5 | Deliverable – Objective 5 - Health Equity (Required-input total amount for option 1 or 2 in column F, complete activities budget on second worksheet) | | | | | |
| Choose Either Option 1 OR Option 2 (not both) | | | | | | |

| | | | | | | |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|------------|------------|--|
| HSA | Strategic Plan Implementation-with contract | Option 1 | | 6/30/2025 | \$ 30,000 | |
| HSA1 | Define activities for which the contracted lead agency will be responsible (deliverables), obtain ODH approval prior to execution, and execute a signed contract with the lead agency and choose contracted amount of at least \$4,000 | Required for Option 1 | | 9/30/2023 | | |
| HSA2 | Manage contract and document completion of deliverables | Required | | 6/30/2024 | | |
| HSA3 | Completion of Implementation Activities - Q1 - 2 months only | Required | | 9/30/2023 | | |
| HSA4 | Completion of Implementation Activities - Q2 | Required | | 12/31/2023 | | |
| HSA5 | Completion of Implementation Activities - Q3 | Required | | 3/31/2024 | | |
| HSA6 | Completion of Implementation Activities - Q4 | Required | | 6/30/2024 | | |
| HSA | Strategic Plan implementation -no contract, but significant partner involvement | Option 2 | | 6/30/2025 | \$ 30,000 | |
| HSA1 | Completion of Implementation Activities - Q1 - 2 months only | Required | | 9/30/2023 | | |
| HSA2 | Completion of Implementation Activities - Q2 | Required | | 12/31/2023 | | |
| HSA3 | Completion of Implementation Activities - Q3 | Required | | 3/31/2024 | | |
| HSA4 | Completion of Implementation Activities - Q4 | Required | | 6/30/2024 | | |
| Total Required Objectives | | | | | \$ 102,000 | |
| Total Optional Projects | | | | | \$ - | |
| Total Budget Requested | | | | | \$ 102,000 | |

NOTE: Fillable Workplans are available on SharePoint

| Appendix E4 Tobacco Use Prevention and Cessation Grant-2023-2024 Optional Workplan (all tiers) | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|-----------|-----------------|-----------------|
| | | Agency: | | | | |
| | | County: | | | | |
| <p>Instructions: 1.) For each optional objective chosen, complete "funds requested" cell on yellow line. 2.) Note that funding for all optional activities is based on availability of funding, past performance and continuation application score. In the orange cell in column B, prioritize your selection of objectives, starting with "1" for the highest priority. 3.) Enter the responsible party for each activity required under each objective. 4.) Enter the due dates in column D. 5.) Disperse the budget for each objective amount the activities listed below the objective in column E and F. Ensure the budget of all activities equals the budget for the overall objective. Note that plans have already had a funding amount assigned and should not be changed. Fill in all orange boxes for the project(s) for which you are applying.</p> | | | | | | |
| | | Grantee Priority for Funding | Person(s) Responsible | Due Date | Funds Available | Funds Requested |
| C2C | Cessation Project #1 - Pharmacy Project | Priority # | | 6/30/2025 | \$ 15,000 | |
| C2C1 | Select project and provide completed project plan (kickoff) | | | 7/31/2024 | \$ 500 | |
| C2C2 | Complete tobacco training with select entity. | | | | | |
| C2C3 | 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 | | | | | |
| C2C4 | Practice adopts and implements customized office workflow protocol (sample provided by ODH) | | | | | |
| C2C5 | Complete ODH surveys/engage in conversation regarding practice's experience with protocols, resulting office practice changes and lessons learned | | | | | |
| C2D | Cessation Project #2 - Health System Change | Priority # | | 6/30/2025 | \$ 15,000 | |
| C2D1 | Select project and provide completed project plan (kickoff) | | | 7/31/2024 | \$ 500 | |
| C2D2 | Complete tobacco training with select entity. | | | | | |
| C2D3 | 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 | | | | | |
| C2D4 | Practice adopts and implements customized office workflow protocol (sample provided by ODH) | | | | | |
| C2D5 | Complete ODH surveys/engage in conversation regarding practice's experience with protocols, resulting office practice changes and lessons learned | | | | | |
| Y3D | Youth Project #1 - Advocacy through Art | Priority # | | 6/30/2025 | \$ 15,000 | |
| Y3D1 | Select project and provide completed project plan (kickoff) | | | 7/31/2024 | \$ 500 | |
| Y3D2 | Identify and secure necessary partnerships | | | | | |
| Y3D3 | Identify and recruit youth | | | | | |

| | | | | | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------|-----------|-----------|-----------|
| Y3D4 | Train youth; initiate work on project; draft promotional plan with and for youth | Priority # | | | | |
| Y3D5 | Assist youth in completing initial phase of project | | | | | |
| Y3D6 | Youth outreach/advocacy/promotion | | | | | |
| Y3D7 | Prepare final report | | | | | |
| Y3D8 | Achieve SMART Objective | | | | | |
| Y3E | Youth Project #2 - Environmental Impact | | | 6/30/2025 | \$ 15,000 | |
| Y3E1 | Select project and provide completed project plan (kickoff) | | | 7/31/2024 | \$ 500 | |
| Y3E2 | Identify and secure necessary partnerships | | | | | |
| Y3E3 | Identify and recruit youth | Priority # | | | | |
| Y3E4 | Train youth; initiate work on project; draft promotional plan with and for youth | | | | | |
| Y3E5 | Assist youth in completing initial phase of project | | | | | |
| Y3E6 | Youth outreach/advocacy/promotion | | | | | |
| Y3E7 | Prepare final report | | | | | |
| Y3E8 | Achieve SMART Objective | | | | | |
| Y3F | Youth Project #3 - Anti-Vaping Video Contest | | | 6/30/2025 | \$ 15,000 | |
| Y4F1 | Select project and provide completed project plan (kickoff) | | | 7/31/2024 | \$ 500 | |
| Y4F2 | Identify and secure necessary partnerships | Priority # | | | | |
| Y4F3 | Identify and recruit youth | | | | | |
| Y4F4 | Train youth; initiate work on project; draft promotional plan with and for youth | | | | | |
| Y4F5 | Assist youth in completing initial phase of project | | | | | |
| Y4F6 | Youth outreach/advocacy/promotion | | | | | |
| Y4F7 | Prepare final report | | | | | |
| Y4F8 | Achieve SMART Objective | | | | | |
| Y3G or P4B | Youth or SHS Project #4 - ODH Approved Other Project | | Priority # | | 6/30/2025 | \$ 15,000 |
| 1 | Select project and provide completed project plan which identifies quarterly implementation activities and SMART objective (kickoff) | | | 7/31/2024 | \$ 500 | |
| 2 | Identify and secure necessary partnerships | | | | | |
| 3 | Implementation Q1 | | | | | |
| 5 | Implementation Q2 | | | | | |
| 6 | Implementation Q3 | | | | | |
| 7 | Implementation Q4 | | | | | |
| 8 | Complete final report | | | | | |
| 9 | Achieve SMART Objective | | | | | |
| Y3H | Youth Media Campaign | Priority # | | 6/30/2025 | \$ 15,000 | |
| Y3H1 | Add optional youth media campaign to communications plan completed at kickoff. | | | | \$ 500 | |
| Y3H2 | Achieve reach of youth media campaign, one earned media, and 2 outreach and engagement activities (must run for four months). | | | | \$ 14,500 | |
| | | | Total Possible Funding Requested | | | #REF! |

Appendix F1 – Budget Justification/Allocations -TIER ONE ONLY

Deliverable Objective 1 (Administration – A1) \$

Objective A1-A - \$

Objective A1-B - \$

Objective A1-C - \$

Objective A1-D - \$

Deliverable Objective 2 (Cessation – C2) \$

Objective C2-A \$

Objective C2-B \$

Deliverable Objective 3 (Youth Prevention – Y3)

Objective Y3-A \$

Objective Y3-B \$

Objective Y3-C \$

[Name of Project(s)] – [total budget for project]

Deliverable Objective 4 (SHS Policy – P4) \$

Objective P4-A \$

[Name of Project] – [total budget for project]

Appendix F2 – Budget Justification/Allocations -TIER TWO – Single Jurisdiction

Deliverable Objective 1 (Administration – A1) \$

- Objective A1-A - \$
- Objective A1-B - \$
- Objective A1-C - \$
- Objective A1-D - \$

Deliverable Objective 2 (Cessation – C2) \$

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

Deliverable Objective 3 (Youth Prevention – Y3)

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

[Name of Project(s)] – [total budget for project]

Deliverable Objective 4 (SHS Policy – P4) \$

- Objective P3-A \$

[Name of Project] – [total budget for project]

Deliverable Objective 5 (Health Equity – H5)

- Objective H5-1 (Option 1 or Option 2) \$

Appendix F3 – Budget Justification/Allocations -TIER TWO – Multiple Jurisdictions

Deliverable Objective 1 (Administration – A1) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 2 (Cessation – C2) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 4 (Youth – Y3) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 3 (SHS Policy – P4) \$

County One \$

County Two \$

County Three \$

Deliverable Objective 5 (Health Equity – H5) \$

County One \$

County Two \$

County Three \$

Appendix G – TU25 Calendar

These are set dates for TU25. There may be additional optional trainings/office hours or TFOA committee meetings to be established during the year as we move forward.

- July 1 – 17: TBD, pre-kick off call with consultant to support grantee in preparation for kick off. Virtual.
- July 9: Tobacco Free Ohio Alliance meeting, virtual. 10am to noon.
- July 23 – 24: Grant year kick off. Face to face meeting at the State Library of Ohio to develop grant year plans. 8:30am to 5:00pm.
- August 2: Grant year plans due.
- August 2: Respond to All Hands Call pre-call survey.
- August 20: Grantee All Hands Call. Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.
- September 6: Respond to All Hands Call pre-call survey.
- September 17: Planning call for October All Hands Call (only for people who sign up.) Tier 1 is from 12:30 to 1:30. Tier 2 is from 2:00 to 3:00.
- October 8: Tobacco Free Ohio Alliance meeting (10am to noon) and required trainings at State Library of Ohio.
- October 15: Grantee All Hands Call. Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.
- November 1: Respond to All Hands Call pre-call survey.
- November 12: Planning call for the November All Hands Call (only for people who sign up.) Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm. Tier 2 is from 2:00 to 3:00. Notice the change from the third Tuesday to the second Tuesday to avoid the week of Thanksgiving.
- December 17: Grantee All Hands Call. Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.

2025 dates:

- January 10: Respond to All Hands Call pre-call survey.
- January 14: Tobacco Free Ohio Alliance meeting, virtual. 10am to noon.
- January 21: Planning call for February All Hands Call (only for people who sign up.) Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.
- February 18: Grantee All Hands Call. Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.
- March 7: Respond to All Hands Call pre-call survey
- March 18: Planning call for April All Hands Call (only for people who sign up.) Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.
- April 8: Tobacco Free Ohio Alliance meeting (10am to noon) and required training(s) at State Library of Ohio (8:30am to 5:00pm).
- April 9: Grant training at the State Library of Ohio. 8:30am to 5:00pm.
- April 15: Grantee All Hands Call. Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.
- May 2: Respond to All Hands Call pre-call survey
- May 20: Planning call for June All Hands Call (only for people who sign up.) Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.
- June 17: Grantee All Hands Call. Tier 1 is from 12:30 to 1:30pm. Tier 2 is from 2:00 to 3:00pm.

*Two additional required virtual trainings: TBD