



MATCH COALITION MINI GRANT GUIDELINES

MATCH Coalition, Inc. (Mobilize Against Tobacco for Children's Health) is a non-profit organization established in 1995 to protect Connecticut residents from the dangers of tobacco and secondhand smoke.

MATCH is issuing a call for proposals for youth anti-tobacco programs and activities centered in Connecticut schools, faith-based organizations, and other groups that foster positive youth development. Over the past two years, seventeen anti-tobacco programs have been funded through these mini-grant opportunities.

This project is funded by the State of Connecticut Department of Mental Health and Addiction Services and is administered by MATCH Coalition, Inc.

Applications should address one of the following two areas using best practices for tobacco control and prevention as outlined by the Centers for Disease Control (Attachment A).

1. Provide comprehensive tobacco control policy efforts to increase the funding base to reduce youth access and increase cessation services to at-risk populations such as the Medicaid population, including those with mental health issues and parents of minors; or
2. Provide education, information dissemination, and environmental strategies used to prevent tobacco sales to minors, for example:
 - a. Community programming that will increase public awareness and reduce tobacco use among underage youth
 - b. Smoke-free school ground initiatives/policy development
 - c. Educating students on how the tobacco companies target youth and/or communities of color
 - d. Reducing youth access to tobacco through merchant education
 - e. Public education regarding the dangers of tobacco or secondhand smoke through targeted counter-marketing activities
 - f. Sponsoring smoking cessation courses for youth in schools or faith-based organizations, etc.

Applicants are encouraged to be creative in designing and formulating a project proposal. Each proposal should include youth input in the design and implementation of the project. Special consideration will be given to proposals that seek to reduce smoking in communities of color. Collaboration is strongly suggested, and letters from collaborating agencies are required.

Ineligible requests for funding:

- Travel outside Connecticut
- Fundraising
- Lobbying
- General overhead costs not directly related to the project

Anticipated amount of awards:

MATCH anticipates making 5–7 grant awards ranging from \$2,500–\$5,000 each. If your project is approved for funding, you will have until June 30, 2006 to use the award.

Timeline for submissions and awards:

All grant proposals must be submitted to MATCH by **4:00 p.m. on October 14, 2005**. Applicants will be notified by October 28, 2005 of acceptance/rejection of application. Applicants may be asked to revise their project proposal and/or budget as a condition of receiving a grant award.

Grant Period:

The grant period will run from November 1, 2005 to June 30, 2006.

Method of payment:

Grantees will receive 60% of the grant award upon execution of contract and the remainder of funds through monthly payments in coordination with project deliverables. Alternative payment schedules can be negotiated depending on unique circumstances for the project or host organization.

Final Evaluation:

Grantees will submit a one-page final report upon completion of the project to evaluate the activity/program. Please also include pictures of any activities. All grantees will be expected to document their projects in a clear, concise manner in order for their results to be easily quantified and used to demonstrate project effectiveness. Documentation must also be provided for all funds expended for purposes of the grant. **A final program and expense report should be submitted by July 30, 2006** unless other arrangements are specified in the grant application. The program and expense report forms will be provided by MATCH.

How to apply:

Complete the following grant application with all signatures and submit *1 original and 5 copies* to:

MATCH Coalition, Inc.
P. O. Box 280883
East Hartford, CT 06128-0883

For more information:

Any additional inquiries regarding this mini-grant application should be directed to Cari Carter at (860) 721-6888 or carter@matchcoalition.com.

MATCH COALITION MINI-GRANT APPLICATION

(Please print or type clearly.)

You may use this form or duplicate it.
Your proposal is limited to two pages of narrative plus the pages of this application.

Proposals are due by **4:00 p.m.** on **October 14, 2005** at
MATCH Coalition, Inc.,
P. O. Box 280883, East Hartford, CT 06128-0883.

Fiduciary Name (if applicable): _____
 Applicant/Organization Name: _____
 Contact Person: _____
 Address: _____
 City: _____ Zip Code: _____
 Daytime Phone: () _____ Fax Number: () _____
 E-mail: _____
 Amount Requested (between \$2500–\$5000): \$ _____
 What geographic area will your project impact? _____

Please respond to the following questions in no more than 2 single-spaced typed pages:

1. Describe your project and how it will be implemented (please provide a clear list of steps [Action Plan] you will undertake to implement the project).
2. Describe how your project will raise awareness and reduce tobacco use in your community.
3. Describe how youth will be involved in a leadership capacity in your project (describe target population, what age youth, grade levels, where recruiting from).
4. How will you get media attention for this project?
5. How many participants will be directly impacted?
What indirect impact might be anticipated from the project?
6. How will you follow up to this project area?
What do you anticipate will occur after your project is complete?
7. Do similar projects to the one you are proposing currently exist in your county/city?
If so, how will you collaborate with them in order to reduce or eliminate duplication?
8. What other organizations, agencies, and individuals will participate in your project?
(Please list key collaborators. **Letters of agreement are required for all proposals listing partnering organizations key to program success**).

PROJECT TIMELINE PAGE
 (Total project cost must be between \$2500-\$5,000)
 Please print clearly.

Activity/Step	Person/Group Responsible	Materials Needed	Cost (Be specific)	Date of Completion

Total amount requested: \$ _____

Signature of Authorizing Official _____

Signature _____ Date _____

Typed Name _____

ATTACHMENT A

Best Practices for Comprehensive Tobacco Control Program 1999 Centers for Disease Control, Atlanta, GA Executive Summary (Edited):

Tobacco use is the single most preventable cause of death and disease in our society. Most people begin using tobacco in early adolescence, typically by age 16; almost all first use occurs before high school graduation. Annually, tobacco use causes more than 430,000 deaths and costs the Nation approximately \$50–\$73 billion in medical expenses alone. Data from California and Massachusetts have shown that implementing comprehensive tobacco control programs produces substantial reductions in tobacco use.

The goal of comprehensive tobacco control programs is to reduce disease, disability, and death related to tobacco use by

- Preventing the initiation of tobacco use among young people
- Promoting quitting among young people and adults
- Eliminating nonsmokers' exposure to environmental tobacco smoke (ETS)
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups

The best practices address nine components of comprehensive tobacco control programs:

I. Community Programs to Reduce Tobacco Use

Local community programs cover a wide range of prevention activities including engaging youth in developing and implementing tobacco control interventions; developing partnerships with local organizations; conducting educational programs for young people, parents, enforcement officials, community and business leaders, health care providers, school personnel, and others; and promoting governmental and voluntary policies to promote clean indoor air, restrict access to tobacco products, provide coverage for treatment, and achieve other policy objectives.

II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

Even if current tobacco use stopped, the residual burden of disease among past users would cause disease for decades to come. As part of a comprehensive tobacco control program, communities can focus attention directly on tobacco-related diseases both to prevent them and to detect them early.

III. School Programs

School program activities include implementing CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, which call for tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services; implementing evidence-based curricula identified through CDC's Research to Classroom Project; and linking school-based efforts with local community coalitions and statewide media and educational campaigns.

IV. Enforcement

Enforcement of tobacco control policies enhances their efficacy by deterring violators and by sending a message to the public that community leaders believe that these policies are important. The two primary policy areas that require enforcement activity are restrictions on minors' access to tobacco and on smoking in public places. State efforts should be coordinated with Food and Drug Administration (FDA) and Substance Abuse and Mental Health Services Administration (SAMHSA) Federal programs. California and Massachusetts have addressed enforcement issues as part of community program grants. Florida has taken a more centralized approach by using State Alcoholic Beverage Control Officers to conduct compliance checks with locally recruited youth in all regions of the State.

V. Statewide Programs

Statewide projects can increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smoke-free policies, and reducing minors' access to tobacco. Supporting organizations that have statewide access to racial, ethnic, and diverse communities can help eliminate the disparities in tobacco use among the State's various population groups. Statewide and regional grants to organizations representing cities, business and professional groups, law enforcement, and youth groups inform their membership about tobacco control issues and encourage their participation in local efforts.

VI. Counter-Marketing

Counter-marketing attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a State, region, or local community. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the State and local level; media advocacy and other public relations techniques using such tactics as press releases, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Counter-marketing activities can promote smoking cessation and decrease the likelihood of initiation. They also can have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts. Counter-marketing campaigns are a primary activity in all States with comprehensive tobacco control programs.

VII. Cessation Programs

Strategies to help people quit smoking can yield significant health and economic benefits. Effective cessation strategies include brief advice by medical providers, counseling, and pharmacotherapy. In addition, system changes (e.g., tobacco-use screening systems, clinician training, and insurance coverage for proven treatments) are critical to the success of cessation interventions. State action should include establishing population-based treatment programs such as telephone cessation helplines; covering treatment of tobacco use under both public and private insurance; and eliminating cost barriers to treatment for under-served populations, particularly the uninsured. No State currently is fully implementing the Agency for Health Care Policy and Research smoking cessation guidelines. Massachusetts and California are implementing the basic recommended elements. The complete recommended program is being implemented in several large health maintenance organizations around the country.

VIII. Surveillance and Evaluation

A surveillance and evaluation system monitors program accountability for State policy-makers and others responsible for fiscal oversight. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time. Program evaluation efforts build upon surveillance systems by linking statewide and local program efforts to progress in achieving intermediate and primary outcome objectives. Experience in California, Massachusetts, and other States has demonstrated that the standard public health practice guideline of devoting 10% of program resources to surveillance and evaluation is a sound recommendation. State surveillance efforts should be coordinated with Federal tobacco surveillance programs such as SAMHSA's National Household Survey on Drug Abuse.

IX. Administration and Management

An effective tobacco control program requires a strong management structure to facilitate coordination of program components, involvement of multiple State agencies (e.g., health, education, and law enforcement) and levels of local government, and partnership with statewide voluntary health organizations and community groups. In addition, administration and management systems are required to prepare and implement contracts and provide fiscal and program monitoring.