Public Health
Seattle & King County

let'sdothis

OPPORTUNITY GRANT APPLICATION COVER PAGE

Name of Group Requesting Funding:	
Mailing Address:	
Federal Tax ID #:	
Fiscal Agent Name, Address and Phone #:	
Project Coordinator* Name:	
Project Coordinator Phone #:	**Project Coordinator Email:**

**The Project Coordinator will be the primary contact and is responsible for ensuring that all grant requirements are met.*

PLEASE TELL US A LITTLE BIT ABOUT YOUR TOBACCO-FREE INITIATIVE:

Which college/university will you work to make tobacco-free?
What's the best way to describe how these funds will be used? ☐ To start a comprehensive tobacco-free campus initiative ☐ To build on and/or enhance an existing tobacco-free initiative on campus

Funding Amount Requested:

OPPORTUNITY GRANT APPLICATION

1. Campus & Group Description

a. Briefly describe your campus and the campus population. *(75 words max)*

b. Tell us about your group, including any past experience in advocating for policy change or working on similar projects. *(75 words max)*

c. Why do you want to see your campus go 100% tobacco-free? What do you hope to change as a result of this project? *(75 words max)*

2. Project Description

a. Project Partners and Collaborators – List any potential or current partners/collaborators for this project, describe their role, and plan for ongoing engagement.

b. Project Activities – Describe which activities you have or plan to conduct in order to achieve each of the objectives described below. If your campus has met one or more of these objectives already, describe this on the "Description of Prior Work Completed" form.

The following table outlines the main objectives associated with advocating/campaigning for a tobacco-free campus policy and a list of fundable activities that can assist in meeting that objective. These objectives all work to build your "case" for a tobacco-free campus policy and ultimately work to get a 100% tobacco-free campus policy adopted.

Instructions: *for each objective, please select 2 activities you or your group will conduct. These may be activities from the provided list or activities proposed by you or your group. Some objectives also have required activities that must be completed in addition to the 2 selected activities. If any of these activities have already been completed on your campus OR if you believe that any of these objectives have already been met, please indicate this below and complete the form titled "Description of Prior Work Completed".*

Objective 1 - Assessment: Identify the tobacco-related issues on campus & quantify the impact of tobacco use on campus.

Do you believe your campus has met this objective already?

☐ **No** → Tell us below what activities you are interested in conducting in order to meet this objective

☐ **Yes** → Please describe how this was done in the "Description of Prior Work Completed" form

Fundable Activities

☑ *Required:* Assess existing tobacco policies and programs, identify decision-making structure, and determine policy goals and strategy

Please select 2 additional activities:

☐ Conduct a campus-wide survey

☐ Conduct environmental scans

☐ Coordinate a butts clean-up event on campus

☐ Conduct key informant interviews

☐ Other (please describe in less than 15 words):

_____

_____

☐ Other (please describe in less than 15 words):

_____

_____

Objective 2 - Education: Raise awareness among students, staff, and faculty on the health effects of tobacco use, the need for and benefit of a 100% tobacco-free policy, and, if possible, the outcomes of the campus assessment(s).

Do you believe your campus has met this objective already?

☐ **No** → Tell us below what activities you are interested in conducting in order to meet this objective

☐ **Yes** → Please describe how this was done in the "Description of Prior Work Completed" form

Fundable Activities

☑ *Required:* Develop and/or identify existing materials to be used on campus and distribute materials widely

Please select 2 additional activities:

☐ Host a forum on campus & ask local and/or national experts on tobacco-free campus policy to share their experience

☐ Participate in campus health fairs and/or other tabling opportunities

☐ Write op-eds for campus newspaper, letters to the editor, etc.

☐ Conduct educational presentations to key groups

☐ Coordinate campus activities for Great American Smoke-Out (November 17th) and/or other national tobacco events

☐ Other (please describe in less than 15 words):

_____

_____

☐ Other (please describe in less than 15 words):

_____

_____

Objective 3 – Gaining Support: Collect evidence that shows the campus is supportive of a 100% tobacco-free policy and gain approval from campus decision-makers

Do you believe your campus has met this objective already?

☐ **No** → Tell us below what activities you are interested in conducting in order to meet this objective

☐ **Yes** → Please describe how this was done in the "Description of Prior Work Completed" form

Fundable Activities

Please select 2 activities:

☐ Collect signatures via petition

☐ Collect signed endorsements from key divisions/groups

☐ Start a Facebook page and encourage supporters to join

☐ Coordinate a letter writing campaign asking decision-makers to support a 100% tobacco-free policy

☐ Present to campus decision-makers and ask for their support

☐ Other (please describe in less than 15 words):

_____

_____

☐ Other (please describe in less than 15 words):

_____

_____

Other Activities (optional) – If you have met the above objectives and are applying for funds to support implementation of a policy, please describe how these funds will be used. *(75 words max)*

c. Timeline – Provide a simple chronology of the project - when will these activities take place? *(75 words max)*

d. Budget – Provide an estimated budget – how will these funds be spent? *(75 words max)*

e. Technical Assistance needed – Where do you anticipate you may need some assistance? *(75 words max)*

Submit completed applications to:

Email: lauren.holt@kingcounty.gov

Fax: (206) 296-0177

Mail: Public Health – Seattle & King County
Tobacco Prevention Program
Attn: Lauren Holt
401 5th Avenue Suite 900
Seattle, WA 98104-1818

Electronic (email) submission is preferred, but hard copies (mail and fax) are also acceptable.
If you have any additional questions or concerns, please contact Molly Ryan at:
(206) 263-8241 or molly.ryan@kingcounty.gov

DESCRIPTION OF PRIOR WORK COMPLETED

This not a required form for all applicants

Tell us about any progress your campus has already made in any of the below objectives. Provide a brief description of any activities (like the ones listed on the main application) that have been conducted. If you believe that an objective has already been met (either by conducting certain activities or by some other way), please explain in 75 words or less.

Objective 1 - Assessment: identify the tobacco-related issues on campus & quantify the impact of tobacco use on campus.
Objective 2 - Education: raise awareness among students, staff, and faculty on the health effects of tobacco use, the need for and benefit of a 100% tobacco-free policy, and, if possible, the outcomes of the campus assessment(s).
Objective 3 – Gaining Support: collect evidence that shows that the campus is supportive of a 100% tobacco-free policy and gain approval from campus decision-makers.

If you are applying for funds to support activities associated with implementation of a policy, please describe how you will use these funds on the main application, in the “Other Activities” box.