



APPLICATION FOR TOBACCO PREVENTION AND CESSATION
"Reducing the burden of tobacco on Tennesseans"

Attachment 1

APPLICATION

1. Legal name of applicant as it appears on its corporate charter: _____
2. Federal tax ID Number: _____
3. Is your organization a registered vendor with the State? Yes ___ No ___
(If no, please contact Phillip.Bowe@tn.gov for registration details)
4. Organization contact information:
Organization's Primary Mailing Address: _____
Telephone Number: _____
5. Primary Contact Person Name and Title: _____
Email Address: _____ Phone Number: _____
6. Secondary Contact Person Name & Title _____
Email Address: _____ Phone Number: _____
7. If awarded a grant, who will be the authorized signor of the resulting contract?
Name and Title: _____
Email Address: _____ Phone Number: _____
8. Please check ONE of the following as it applies to this application.
 - We have reviewed the Sample Contract with legal counsel and can identify no objections to executing this contract in its present form.
 - We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract (please attach details). We understand that exceptions to boilerplate contract language may not be approved and may result in the rejection of this application.



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9. Please attach a project narrative (no more than 3 pages using the outline provided in (Exhibit 1)).

10. Please complete the template (provided in Exhibit 2) describing the specific goals, activities, and timeline for the project.

11. Please complete the attached 2-page budget for your proposal (Attachment 3).

12. Please describe the personnel that will work on project.

13. Describe the organization's readiness to implement strategies and activities of your proposed project.

14. Describe (if any) current or past tobacco or health related initiatives that your organization has implemented as the lead or in collaboration with another group

The applicant certifies to the best of his/her knowledge and belief that the information in this application has been duly authorized by the governing body of the applicant and that the applicant will comply with the certifications and assurances required of applicants if a grant is awarded. **DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY.**

Name: _____ Title: _____

Signature: _____ Date: _____

Project Abstract (Overview) - 10 Points Maximum (maximum of 1 page)

Briefly explain what need has been defined in the community and how the proposed project will meet that need. Include:

- a. The severity of need**
- b. A clearly defined target population with the need-** Describe who the project will target including age and geographic location
- c. Brief project description** - Briefly describe the project you have proposed to meet the need of your target population.
- d. Desired outcomes** – Describe what you aim to accomplish by addressing the identified need of the target population.
- e. Community support** - Demonstrate community interest and backing for this project.

Project Narrative -30 Points Maximum (maximum of 3 pages)

Applicants must write a narrative addressing the topics below. When writing your narrative, please use the headings in bold in the same order they are listed below.

- a. Project Description:** Provide details of how you will work to achieve the goal(s) and objectives specific to preventing initiation of tobacco use (including emerging products and e-cigarettes) and promoting quitting among adults and youth.
- b. Background Information:** Describe why you think this project will work. Is the project evidence-based or innovative? Why will the project be a good service to the targeted communities?
- c. Collaboration:** Describe any other plans, projects, or initiatives happening in conjunction with other state agencies, non-profits, or businesses related to the proposed project. Explain how you will work with these entities.
- d. Plans for sustainability and training as applicable.**
- e. Community involvement:** Explain how your organization will involve the community and stakeholders to use data and information to identify and address prioritized needs of the LGBTQ+ community.

Project Management -20 Points Maximum (500 word limit)

Please provide a narrative describing your organization's qualifications and ability to manage your project successfully. Please describe any collaboration with multi-jurisdictional or cross-sector partnerships. Include the answers to the following questions:

- a.** Has your organization managed a similar project? If so, what objectives were met and unmet?
- b.** Who will provide the key expertise for the project's success, including financial management?
- c.** What specific plans do you have to partner with other groups or organizations to accomplish the objectives? How does this project align with the community's health priorities?

Evaluation -20 Points Maximum (500 word limit)

Please describe how you will evaluate the impact and success of the project. Include metrics, a plan for data collection, and a plan to disseminate findings.

Budget -20 Points Maximum (500 word limit plus Attachment 3 completed on the provided template)

Please complete the 2 budget pages for each fiscal year of the project using Attachment 2. Include a detailed budget and budget narrative, describing anticipated revenue and expenses, additional grant funding, and other sources (including in-kind, if applicable). Address sustainability and maintenance beyond the grant period. Clearly delineate funding requests, in-kind and matching resources, and total project cost.

Project Goals/Activities/Timeline /Outcomes Template. Proposals should include goals and activities related to LGBTQ+ Tobacco Prevention and Cessation Program Activities. Please be as specific as possible with goals and activities. Add additional goals as needed.

Description of Goals and Activities to Achieve Goals	Person/ Agency Responsible	Start Date	End Date	Description of <i>Expected</i> Outcomes/Impact
GOAL # 1				
1. Activity				
2. Activity				
3. Activity				
GOAL # 2				

1. Activity				
2. Activity				
3. Activity				
GOAL # 3				
1. Activity				
2. Activity				
3. Activity				