

APPLICANT INFORMATION

Applicants must complete all questions on page 1 and 2.

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 and 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.

Application for Tobacco Prevention & Control Evaluation

Attachment 1

APPLICATION

- 1. Please attach a project narrative addressing your organizational capacity and approach to evaluation (no more than 3 pages using the outline provided).
- 2. Please complete the template (provided) describing the specific goals, activities and timeline for the evaluation.
- 3. What specific plans have you made to partner with other groups or organizations to accomplish your objectives? Please attach letters of support which demonstrate the expectations and responsibilities of the planned partnership.

- 4. Please complete the attached 2-page budget for your evaluation proposal (Attachment 3).
- 5. Please describe the personnel that will work on this evaluation.

- 6. Briefly describe the experience your organization has had with program evaluation.

- 7. Describe the experience your organization has with developing infographics or fact sheets.

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: _____

Exhibit 1

Project Goals/Activities/Timeline /Outcomes Template. Proposals should include goals and activities related to evaluation of TDH Tobacco Prevention 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 <u>Expected</u> 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				

Project Narrative (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.

Organizational capacity and staffing: Description of the organization's capacity to carry out the project. Include agency's mission, key staff, and experience with evaluation, and if applicable tobacco prevention. What will be the responsibilities of the staff listed in the proposal?

Stakeholder involvement: How do you plan to involve key stakeholders in the evaluation process? Describe who you plan to involve and how you plan to involve them.

Evaluation framework and tools: Describe the Framework and tools that will be used to implement the evaluation plans and measure whether outcomes have been met? Include information about any evaluation tools that will be used such as surveys, attendance sheets, pre and post-tests, etc.

Data collection and analysis plan: Describe methods that will be used to collect and analyze process and outcome measures. (i.e. statistical methods, maps, etc.)

Reports: Describe your experience writing evaluation reports including the analysis of the data, interpretation of findings and recommendations for improvement.

Evaluation products: Describe products you will develop to communicate key findings from the evaluation and other tobacco data. Attach the links or pdf files of any evaluation products you have developed in the past 2 years.