

**SCOPE OF WORK**

**July 1, 2019-June 30, 2021**

**Use the space provided to fill in applicable content for each section requiring input.**

**Agency Name:** \_\_\_\_\_

**Counties Covered:** \_\_\_\_\_

<b>Intervention Area:</b>		<b>Prevent Initiation: Reduce Youth Access to Tobacco Products</b>	
<b>GOAL:</b>	Change social norms surrounding tobacco use and indirectly influence current and potential future tobacco users by creating a social environment and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible by reducing youth access to tobacco products.		
<b>PROJECT PERIOD OBJECTIVE:</b>	Have two (2) actively engaged youth teams per county served that participate in four (4) activities, conduct one (1) presentation to city council, and conducts twelve (12) presentations annually on Juul/E-cigarette usage and the dangers of secondhand smoke.		
<b>ACTIVITY</b>	<b>REQUIRED DOCUMENTATION</b>	<b>TIMELINE</b>	
Build youth team at (insert school names) <hr/> <hr/> Team will consist of 5-10 members.	SOURCE DOCUMENTS: 1. INDIVIDUAL COALITION MEMBERSHIP FORM	January 1, 2020	
Maintain youth team at (insert school names) <hr/> <hr/> and increase membership to 10.	SOURCE DOCUMENTS: 1. INDIVIDUAL COALITION MEMBERSHIP FORM	January 1, 2020	
Both youth teams will participate in Ready. Set. Record.	SOURCE DOCUMENTS: 1. YOUTH & COMMUNITY ACTIVITIES WORKSHEET	Annually	
Both youth teams will participate in the Project Prevent Youth Coalition Annual Conference.	SOURCE DOCUMENTS: 1. YOUTH & COMMUNITY ACTIVITIES WORKSHEET	Annually	
Both youth teams will participate in an activity for Red Ribbon Week.	SOURCE DOCUMENTS: 1. YOUTH & COMMUNITY ACTIVITIES WORKSHEET	Annually	
Both youth teams will participate in World No Tobacco Day.	SOURCE DOCUMENTS: 1. YOUTH & COMMUNITY ACTIVITIES WORKSHEET	Annually	
Youth Juuls/secondhand smoke presentation to (insert city names) <hr/> <hr/> City Council.	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS	Once per youth team	
Presentation to community organizations, once per month per team (2 teams per county * 2 counties * 24 months of award period = 96 total presentations).	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS	Monthly	

**Intervention Area:**

**Exposure: Reduce Exposure to Secondhand Smoke Throughout Municipalities**

<b>GOAL:</b>	Change social norms surrounding tobacco use and indirectly influence current and potential future tobacco users by creating a social environment and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible by reducing exposure to secondhand smoke throughout municipalities.
<b>PPO:</b>	By June 30, 2021 the Community Coalition should secure two (2) comprehensive city-wide policies and up to _____ number of other policies listed below, with priority being Comprehensive City.

ACTIVITY	REQUIRED DOCUMENTATION	TIMELINE
----------	------------------------	----------

**COALITION BUILDING**

Build or maintain a minimum of one (1) community coalition per county served (insert coalition names) <hr/> <hr/> <hr/> <hr/> Coalition must have 5-10 members that are engaged in community change as it relates to tobacco/nicotine prevention and control issues.	SOURCE DOCUMENTS: 1. INDIVIDUAL COALITION MEMBERSHIP FORM	Minimum of once during award period
--	--	-------------------------------------

Coalition meetings for (insert coalition names) <hr/> <hr/> <hr/> <hr/> (required to meet every other month with a minimum of 6 meetings per coalition per year).	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM 2. SIGN-IN SHEET SCANNED AND ATTACHED FOR EACH MEETING HELD	Bi-monthly
---	---	------------

Membership of another community organization. Joined (insert organization name) <hr/> <hr/> <hr/> <hr/>	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM 2. AGENDA SCANNED AND ATTACHED FOR EACH MEETING ATTENDED	As community organization meetings are held
--	--	---

**COMMUNITY ASSESSMENT**

Community inventory/assessment for (insert city names) <hr/> <hr/> <hr/> <hr/>	SOURCE DOCUMENTS: 1. DATA COLLECTION TOOL	Annually and due October 31 of each year
---	--	--

Ordinance Development Planning Form for cities identified for smoke-free and/or tobacco/nicotine-free policy ordinances (insert city names) <hr/> <hr/> <hr/> <hr/>	SOURCE DOCUMENTS: 1. POLICY 2. UPLOAD COPY of Ordinance Development Planning Form	As determined by Community Assessment and City Climate
--	---	--

COALITION MATERIALS		
Create informational brochure for (insert community coalition name)	SOURCE DOCUMENTS: 1. COMMUNITY SUB-GRANTEES MEDIA APPROVAL FORM FY2019 with uploaded brochure	Submitted by January 31 annually
COMMUNITY EDUCATION		
Community Coalition members and sub-grantee will survey the general public in (insert city names)	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM 2. SIGN-IN SHEET SCANNED AND ATTACHED FOR EACH EVENT 3. DATA TOOL	Throughout award period
on current laws pertaining to smoke-free policies and environments at a minimum of 20 events and will conduct CO monitoring (e.g., booths at community events, health fairs, worksite wellness events, festivals, and/or media ads).		
Conduct a minimum of 24 educational presentations to the public on current laws pertaining to smoke-free policies, economic costs and health consequences of smoking/nicotine use in counties served.	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM 2. SIGN-IN SHEET SCANNED AND ATTACHED FOR EACH EVENT	Throughout award period
POLICY		
The Community Coalition will obtain a minimum of two (2) comprehensive city-wide smoke-free/tobacco-free ordinances (insert city name)	SOURCE DOCUMENTS: 1. POLICY 2. UPLOAD COPY OF POLICY/ORDINANCE 3. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM	Throughout award period
within the counties served.		
The Community Coalition will work with congregations to secure a minimum of eight (8) faith-based policies.	SOURCE DOCUMENTS: 1. POLICY 2. UPLOAD COPY OF POLICY/ORDINANCE 3. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM	Throughout award period
The Community Coalition will work with a minimum of two (2) cities (insert city name)	SOURCE DOCUMENTS: 1. POLICY 2. UPLOAD COPY OF POLICY/ORDINANCE 3. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM	Throughout award period
to pass a T21 ordinance.		
Coalition members must have a minimum of four (4) contacts with a state representative to discuss the impact of tobacco and Juuls on the health and economy for their constituents. Two interactions must be in person, and two interactions can be by phone.	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM	Throughout award period
The Community Coalition and sub-grantee will work to ensure that all colleges, schools, medical facilities, and HUD facilities have proper no-smoking signage. If signage is needed, the sub-grantee will ensure signage is delivered.	SOURCE DOCUMENTS: 1. COMMUNITY SUB-GRANTEES MEDIA APPROVAL FORM FY2019	Throughout award period
MEDIA		
The Community Coalition will recognize cities that adopt smoke-free/tobacco-free ordinances through press releases, media releases, and/or public recognition ceremonies.	SOURCE DOCUMENTS: 1. COMMUNITY SUB-GRANTEES MEDIA APPROVAL FORM FY2019	Throughout award period

Submit one-page annual report on successes and accomplishments.	SOURCE DOCUMENTS: 1. DATA COLLECTION TOOL with report uploaded into GEMS	Due June 30 of each year of the award period
Maintain social media accounts for coalitions (insert coalition names)	SOURCE DOCUMENTS: 1. COMMUNITY SUB-GRANTEES MEDIA APPROVAL FORM FY2019	Accounts must be created by January 31, 2020

Intervention Area:		Promoting Quitting: Education and Delivery of Materials for Be Well Helpline and Cessation Services	
<b>GOAL:</b>	Change social norms surrounding tobacco use and indirectly influence current and potential future tobacco users by creating a social environment and legal climate in which tobacco becomes less desirable, less acceptable, and less accessible by providing information on cessation services.		
<b>PPO:</b>	Conduct a minimum of 25% or 100 one-on-one outreach meetings (whichever number is higher) annually within your counties to educate on the Be Well Helpline and cessation services provided by ADH.		
ACTIVITY	REQUIRED DOCUMENTATION	TIMELINE	
CESSATION SERVICES			
Refer individuals interested in quitting tobacco use to the Be Well Helpline.	SOURCE DOCUMENTS: 1. FAX REFERRAL	Throughout award period	
Visit a minimum of 100 health care facilities, HUD housing, workplaces, or schools annually in counties served to educate on the Be Well program.	SOURCE DOCUMENTS: 1. PRESENTATION/EVENTS/MEETINGS (PEMS) FORM	Annually	