

**Request for Proposals**

**Capacity Building School-based Tobacco  
Prevention Projects**

**Release Date: June 24, 2002**

**Reservation for Workshop Due: July 17, 2002**

**Workshop: July 25, 2002**

**Mandatory Letter of Intent Due: August 9, 2002**

**Proposal Submission Due: September 12, 2002**

**Released By:**

**Tobacco Prevention & Education Program  
Arkansas Department of Health  
4815 W. Markham Street  
Little Rock, AR 72205**

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## **Request for Applications Capacity Building School-Based Tobacco Prevention Projects**

### **PART I: PROJECT OVERVIEW**

#### **A. Introduction**

Funding is available from Arkansas' Master Tobacco Settlement revenue for capacity building school-based tobacco prevention. With this funding school will develop, implement, and evaluate school-based prevention efforts. School-based tobacco prevention is one of nine components of a successful statewide, comprehensive tobacco prevention program. Grants will be awarded for the implementation of effective school-based strategies in preventing tobacco use among youth.

#### **B. Current Status**

Tobacco use in Arkansas kills more people than the other top five killers combined and secondhand smoke is number three.

- 5,200 people die each year from tobacco use, and approximately 575 more die from someone else's smoke.
- Our economy suffers from the \$413 million in extra health care costs each year that result from tobacco use in the state.

Currently, 25% or about 498,000 adults in Arkansas smoke. Epidemiological data suggest that more than 70% of smokers in the United States today have made at least one prior quit attempt, and approximately 46% try to quit each year. Forty-four percent of Arkansas' high school teens smoke regularly, and 50% of high school boys report regular use of smokeless tobacco. The tobacco industry's promotion of tobacco to youth is so effective that in the United States 6,000 persons under the age of 18 try their first cigarette each day. About 15% of Arkansas retailers still illegally sell tobacco to youth under age 18.

#### **C. Background**

In November 2000, Arkansans passed Initiated Act One, thus dedicating a portion of Arkansas' Master Tobacco Settlement revenue to tobacco prevention and cessation. The Arkansas Department of Health (ADH) was directed by the legislature to develop and implement a program to use these funds to reduce the use of tobacco and tobacco products in our state.

The ADH Tobacco Prevention and Education Program's vision is to change society's norms regarding tobacco, the single most preventable cause of death and disease today. The goals of the program are:

1. Preventing the initiation of tobacco use among youth
2. Promoting quitting among youth and adults
3. Eliminating exposure to environmental tobacco smoke (ETS)
4. Identifying and eliminating disparities among different population groups

These goals will be achieved through:

- Community-based activities
- School-based activities
- Statewide public awareness and education
- Focus on special populations and regional projects
- Continuous evaluation
- Enforcement of ban on sales to minors

#### **D. Purpose of Request for Proposal**

The purpose of this funding is to build capacity for tobacco prevention in school communities and strengthen infrastructure for tobacco prevention already in place. Funding is restricted to implementing programs built from each of the five goal areas described in the RESOURCE GUIDE accompanying this RFP and include activities chosen from the "Best Practices" grid (see Resource Guide) and DASH (Division of Adolescent and School Health) guidelines. This is a competitive grant application; only applications meeting all the funding requirements explained in this RFP will be considered for funding. Applications meeting all the requirements will be reviewed and scored according to the evaluation criteria set forth in Part IV of this RFP.

#### **E. Eligible Applicants**

Individual school districts with a minimum of 8000 students and/or a consortium of schools with a minimum of 8000 students are eligible. (Note: Educational Cooperatives may apply as a consortium of school districts.)

#### **F. Funding Availability**

Total funding available for these grants is approximately \$2,000,000. Awards will be based on student population size. The minimum grant award will be based on a student population size of 8,000. (Note: School districts or schools with less than 8,000 students must partner with other districts or schools to come up to minimum student population size. There is no maximum size.) Funding requests must be based on \$4.00 per student. (Example: 8,000 students x \$4.00 = \$32,000 funding request)

## **G. Funding Period**

The funding period will be from December 1, 2002 through June 30, 2003. Funding after the first year will be available only to those projects who show satisfactory progress towards the completion of the funded work plan activities and meeting the requirements for funding set forth in this RFP. There is no guarantee of continued funding beyond June 30, 2003.

## **PART II: GRANT REQUIREMENTS**

In determining the capabilities of an offeror to perform the services herein, the following informational qualifications and requirements must be met by the offeror and will be weighed by the State. (Note: Each item must be addressed. Taking exception to any of these qualifications/requirements listed in this section may disqualify the proposal.)

### **A. Synopsis of Strengths & Infrastructure**

Preferences will be given to school districts/consortium of schools that can demonstrate the following:

1. Collaboration between the schools and the local community coalition. Showing participation in the coalition's tobacco prevention activities may further strengthen this.
2. Tobacco-free policy that covers students, staff and visitors. This may be further strengthened by showing work toward the improvement of that policy (see RESOURCE GUIDE for elements of a Model Policy). If a Model Policy is already in place, then a copy must accompany this application.
3. Family involvement in tobacco prevention activities.
4. Supplemental material and/or research-based tobacco prevention curricula purchased and implemented.
5. Applicant's staff and/or teachers have received training in tobacco prevention curricula and/or general tobacco prevention.
6. Yearly participation in the Arkansas Youth Tobacco Survey or Youth Risk Behavioral Survey as requested.
7. Administration supports tobacco prevention activities, including policy and curriculum.
8. Youth advocacy team exists and is active in school tobacco prevention activities.

9. Demonstrate administrative, fiscal and programmatic ability to manage state government funds, to enter into subcontracts and to comply with all state contract requirements.
10. Demonstrate the availability of adequate facilities and equipment to support staff and project needs.

## **B. Requirements**

1. Submit a work plan that addresses **each of the five goal areas** described in the RESOURCE GUIDE accompanying this RFP and including activities chosen from the “Best Practices” grid and/or DASH guidelines.
2. Submit minimum qualification for .5 FTE position. This position must be a dedicated district employee and/or contractor. This individual may not be stipend or extra duty. The applicant is responsible for determining how much of an FTE is required to implement and complete the work plan activities submitted with the application that include the requirements set forth here. However, a minimum of .5 FTE is required. A review committee will evaluate the request based on the following qualifications that are deemed most likely to be effective in school-based tobacco prevention. These qualifications include: school health or public health background, experience in tobacco prevention and/or education; experience in and/or understanding of how to effect change in complex organizational systems.
3. Applicants must submit a budget based on the work plan. This budget and budget justification must reflect the work plan activities and confirm the staffing, curriculum and training requirements listed above.
4. Applicants must certify that they do not receive from or have an affiliation (membership, ownership, contractual or other) with any organization that has any interest in the production, manufacture, marketing, distribution, sale or continued use of tobacco, including subsidiaries, foundations or other related parties of such organizations. This restriction applies throughout the term of the contract.

## **C. Commitments**

1. Commit to implementing a comprehensive tobacco policy (see RESOURCE GUIDE) by June 30, 2003. This commitment must be reflected in the work plan and evidenced by signatures of the superintendent and the schools/districts that would be funded by this grant on the form included in Appendix F. If the applicant already has such a policy in place, submit a copy of the policy with the application and a commitment to full enforcement of the policy by the June 30, 2003.

2. Commit to implementing supplemental curriculum and/or research-based prevention programs with a plan of instruction for K-12. (Note: Grades 5-9 are especially vulnerable to tobacco influences.) Such curricula must be proven effective to reduce tobacco use. Research based is defined as a program that has been evaluated to the rigor of being published in a peer review journal. A list is included in the RESOURCE GUIDE. Supplemental curriculum may require minimal deviation from a teacher's syllabus. This commitment must be reflected in the work plan with first year activities culminating in purchase of curricula materials identified in the application and a training of teachers/staff and second year commitment of full implementation. In addition, this commitment must be signed by the superintendent(s) on the form included in Appendix G.
3. **If necessary**, commit to send teachers to training for the tobacco prevention curriculum identified in the application and send project staff to workshops designed to increase the knowledge of and skills for comprehensive tobacco prevention. (Note: Training may not be necessary if supplemental curriculum is utilized.) This commitment must be reflected in the work plan with first year activities culminating in training of teachers/staff and second year activities related to refreshing the training. In addition, this commitment must be signed by the superintendent(s) on the form in Appendix H.
4. Commit to participate in yearly statewide student survey, Arkansas Youth Tobacco Survey. This commitment must be reflected in the work plan and evidenced by signatures of the superintendent(s) of the district on the form included in Appendix I.
5. Commit to participate in the local tobacco prevention coalition activities and/or recruit local tobacco-prevention coalition members to participate in the proposed work plan activities submitted in this application. This commitment must be reflected in the work plan and **evidenced by a letter of support** from the local coalition chair if applicable.

#### **D. Appropriate and Allowable Expenses**

Applicants must include a minimum a quarter of a full time equivalent (.5 FTE) of dedicated district employee or contractor dedicated to school-based tobacco prevention in order to be considered for funding. In addition, applicants must include costs allocated for the following:

- purchase of a tobacco prevention supplemental material and/or curriculum
- if necessary, training for the curriculum and general tobacco prevention
- travel expenses to attend tobacco prevention training, workshops and statewide conferences

Funds may be used for expenses that are directly related to the achievement of

project goals. These include:

- supplemental material
- if necessary, released time for teachers to attend tobacco prevention and curriculum training;
- contracting for staff training;
- office supplies;
- meeting facilities and supplies for approved work plan activities;
- publication of newsletters;
- analysis of local data;
- contracting for program evaluation; and
- if necessary, train the trainer programs for Not On Tobacco (NOT), Ending Nicotine Dependence (END), Tobacco Education Group (TEG), and Tobacco Awareness Program (TAP).

Funds **may not** be used for the following:

- cessation classes
- nicotine replacement products
- teen court or diversion programs
- tobacco education materials that can be ordered at no cost from the Arkansas Department of Health or Centers for Disease Control (CDC)
- youth camps that are not directly related to tobacco prevention and the work plan activities
- student stipends
- monetary incentives

In addition, the effectiveness of the following activities are not supported by multiple research results. (Best Practices and Promising Practices, November 1999). Consequently, this grant **will not fund** ineffective activities such as the ones listed below:

- Alternative Activities such as Midnight Basketball, Drug-Free Dances
- Drug Abuse Resistance Education (DARE)
- Red Ribbon Activities
- Assemblies
- Information Dissemination that teaches primarily about drugs and their effects
- “Fear arousal” approaches that emphasize the risks associated with tobacco use
- “Moral appeal” approaches which teach students about the evils of use
- “Affective education” programs that focus on building self-esteem, responsible decision making, and interpersonal skills
- Self-esteem enhancement programs

## E. Reporting Requirements

All funded projects will be required to submit progress reports on a quarterly basis.

District or school if a consortium of schools must submit reports. **Therefore, a consortium will be required to submit progress reports for each of the districts and/or school (if a consortium of schools) participating in the grant.** Progress will be monitored on the following:

- work plan activities
- work toward the implementation of a comprehensive tobacco policy
- work toward policy enforcement implementation
- work toward the purchase and implementation of research-based tobacco prevention supplemental materials and/or curricula
- teacher and staff training
- attendance at local tobacco prevention coalition meetings
- participation in community tobacco prevention activities

## PART III: INSTRUCTIONS FOR SUBMITTING A GRANT APPLICATION

### A. Reservation for School-Based Tobacco Prevention Workshop

To assist applications interested in applying for these funds, an informational workshop will be held on July 25, 2002 in Little Rock that will explain school-based tobacco prevention programs, best practices and how to complete the RFP. A reservation form is in Attachment A.

**Reservations to attend the workshop must be received by July 17, 2002.** Send reservation forms should be mailed to: Arkansas Department of Health, Attention: Tameka Hines, Executive Secretary, Tobacco Prevention & Education, 4815 West Markham Street, Slot 3, Little Rock, AR 72205 or faxed to (501) 280-4040.

### B. Mandatory Letter of Intent

**A letter of intent must be received by August 9, 2002.** A Letter of Intent does not obligate the submission of an application for funds but it will provide information needed to plan for application training and proposal review. A Letter of Intent form is in Appendix B. Letter of Intent forms should be mailed to: Arkansas Department of Health, Attention: Lynda Lehing, Team Leader, Tobacco Prevention & Education, 4815 West Markham Street, Slot 3, Little Rock, AR 72205 or faxed to (501) 280-4040.

### C. Submission Deadline

**Applications are due by September 12, 2002. Applications must be received or postmarked by this date.** (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

Applications that do not meet the above criteria are considered late applications, will not be considered, and will be returned to the applicant.

D. Where to Mail Applications

Applications must be mailed or delivered to: Lynda Lehing, Team Leader, Tobacco Prevention & Education, 4815 West Markham Street, Slot 3, Little Rock, AR 72205 (Fifth Floor, Room 510).

E. Number of Copies Required

Applicants must provide a signed original (marked ORIGINAL) and eight copies. The proposal should be limited to no more than 20 pages (8" x 11 1/2 " paper) including budget and work plan. A 12-point font and double spacing must be used on narrative pages. The page limit does not include required forms and appendices.

#### **PART IV: APPLICATION CONTENT**

To prepare an effective application, refer to the RESOURCE GUIDE FOR DESIGNING SCHOOL-BASED TOBACCO PREVENTION PROGRAMS, which accompanies this application packet. The RESOURCE GUIDE offers:

- Background and rationale for the five best practice goal areas
- Best practice grids that provide a framework to draft district's work plan
- Information on what comprises a comprehensive tobacco policy
- Information on researched-based curriculum for tobacco prevention and teacher training
- Sample work plan (This plan covers only two goal areas, whereas, each applicant is responsible for developing a plan for all five goal areas. It is to serve as an example only.)
- Information on the Arkansas Youth Tobacco Survey
- Reference sheet.

All applications must include the following items:

**A. Application information - Appendix A**

**B. School District Information - Appendix B**

- C. Synopsis of Infrastructure and Strengths (See Part II, A of the RFP)**
- D. Consortium Membership/Lead Agency Authorization – Appendix E**
- E. Commitment #1 - School Policy or Plan for Enforcement – Appendix F**
- F. Commitment #2 – Supplemental Material / Curriculum – Appendix G**
- G. Commitment #3 - Teacher/Staff Training (if necessary) – Appendix H**
- H. Commitment #4 – Arkansas Youth Tobacco Survey – Appendix I**
- I. Signed Letter of Support and Participation from Local Coalition**
- J. Certification of Non-Acceptance of Tobacco Funds (See Part II, B of the RFP)**
- K. Work Plan (See Appendix K for format.)**

- All five goal areas addressed
- Activities in each goal area from “Best Practice” grid
- Planned start and end dates for each activity
- Date of completion for each performance outcome

**L. Program Evaluation Plan**

**M. Budget Justification & Line Item Budget (See Appendix J for an example)**

Applications must include a budget worksheet and a separate budget justification explaining expenditures in each category. Use the following categories in preparing the budget and budget justification:

- Personnel: This section includes the grant application requirement for staffing at one .5 FTE minimum. Consortium/District will determine how much FTE is needed, beyond the required minimum, to accomplish the proposed work plan. Include project management/coordination in this section. Do not include teacher release time in this category.
  - a. Position Title and %FTE
  - b. Salaries, wages
  - c. Fringe benefits
- Contracts: Any contracted work must be described. For each contract describe the following in your budget justification:

- a. Title and focus of contracted activity
  - b. Scope of work
  - c. Time period of contract
  - d. Total cost of contract
  - e. Person who will supervise or manage the contract
  - f. Method that will be used to select the contractor (e.g. bids, RFP, mini- grants, sole source. Include name of contractor if known.)
- Other: Include teacher release time in this category along with any expense not covered above, such as computer time, data analysis, etc.
  - Administrative Overhead: Office space, utilities, phone, etc., (maximum percent allowed by the Department of Education, not to exceed 10%).

## **PART V: EVALUATION OF APPLICATIONS**

- 1. Review for Compliance with Mandatory RFP Requirements:** Applications will be date and time stamped upon receipt, and must be received by or before the deadline. Omission of any required document or form, failure to use required formats for response, or failure to respond to any of the requirements listed in Part II may lead to rejection.

Note: The Department reserves the right to request necessary amendments, reject any or all proposals received, or cancel this request for proposal according to the best interest of the Department.

Where the Department may waive minor irregularities, such waiver shall in no way modify the request for proposal's requirements or excuse the applicant from full compliance with the request for proposals specifications and requirements if the applicant is awarded the grant.

- 2. Review:** A committee will review proposals to ensure that each proposal meets the standards of effective school-based tobacco prevention program as described in this RFP. The committee may consist of representatives from the Coalition for Tobacco-Free Arkansas, the Tobacco Prevention and Cessation Advisory Committee, and the Arkansas Department of Health.
- 3. Scoring:** Each application will be evaluated and scored by a review committee on a scale of 0 to 100 points. The maximum point level of each section is:

<b>Tobacco Prevention Infrastructure</b>	<b>20 points</b>
Is there collaboration between the schools and the local community coalition? Do the schools participate in the coalition's tobacco prevention activities?	
Is there a comprehensive tobacco-free policy? Is the policy included in the proposal?	
Is there parent involvement in tobacco prevention?	
Is there research-based tobacco prevention curriculum already in place?	
Do the schools/districts/consortium participate in the Arkansas Youth Tobacco Survey or Youth Risk Behavior Survey?	
Is there administrative support of tobacco prevention activities, curriculum and policy?	
Is there demonstrated administrative, fiscal and programmatic ability to manage state government funds?	
Is there demonstrated availability of adequate facilities and equipment to support staff and project needs?	
<b>Work Plan</b>	<b>45 points</b>
Does the work plan address each of the five goal areas, which includes program evaluation?	
Do the activities in the work plan achieve the goals? Are the activities chosen from the "Best Practices" grid and/or DASH guidelines?	
Are the commitment forms completed to implement a comprehensive school policy, implement research-based tobacco prevention curriculum, train teachers in tobacco prevention curriculum, and participate in the Arkansas Youth Tobacco Survey? Is there a commitment in the work plan to participate in local community coalition's tobacco prevention activities? Is there a support letter from the coalition?	
<b>Staffing</b>	<b>15 points</b>
Does the staff have qualifications which are deemed most likely to be effective in school-based tobacco prevention?	
Is there a minimum .5 FTE (must submit compelling justification for proposals with less than required .5 FTE)?	
Does the staffing level support the work plan?	
<b>Budget</b>	<b>20 points</b>
Does the budget reflect the work plan?	
Are all expenses justified?	
Is there funding in the budget for travel to attend the necessary training?	
Is there funding in the budget to purchase research-based curriculum?	
Are all expenses in the budget related to allowable items and activities?	

APPENDIX A

**LETTER OF INTENT TO APPLY  
Funding For Capacity Building Programs  
School-Based Tobacco Prevention  
DUE August 2, 2002  
FAX TO: Lynda Lehing at (501) 280-4040**

**Note:** Read application requirements in Part II before faxing this form.  
(Please type or print.)

**Potential Applicant** \_\_\_\_\_  
(School District or Consortium Lead Agency)

**Name of Superintendent/Consortium Designee** \_\_\_\_\_

**County(ies)** \_\_\_\_\_

**Schools involved in this potential application (if a consortium of districts, list districts instead of schools)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Estimated Grant Amount for Fiscal Year 2003 Grant Period** \$ \_\_\_\_\_

**Signature of Superintendent/Consortium Designee** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**APPENDIX B**

**APPLICATION INFORMATION**

**Applicant** \_\_\_\_\_  
*(School District or Consortium Lead Agency)*

**Superintendent/Consortium Designee** \_\_\_\_\_

**County(ies)** \_\_\_\_\_

**Check here if this is a:**

- Single applicant
- Consortium of districts
- Consortium of schools

**Project Contact Person** \_\_\_\_\_

**Job Responsibility** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

Schools involved in this project (If a consortium, list districts and schools. Attach another page if needed.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Grant Amount Requested for Fiscal Year (FY) 2003 \$** \_\_\_\_\_  
**Estimated Amount for FY 2004 \$** \_\_\_\_\_

**APPENDIX C**

**SCHOOL DISTRICT INFORMATION**

*Note: Fill out this form if you are NOT a consortium.*

**Name of District/School** \_\_\_\_\_

**Number of Students** \_\_\_\_\_

**Number of Buildings** \_\_\_\_\_

**High School** \_\_\_\_\_

**Middle School/Junior High** \_\_\_\_\_

**Elementary** \_\_\_\_\_

**Alternative School** \_\_\_\_\_

**Other** \_\_\_\_\_

The \_\_\_\_\_ School District agrees to meet the requirements of this grant as noted Part II and commits to the full implementation of the activities proposed in this application.

**Name of Superintendent (print)** \_\_\_\_\_

**Signature of Superintendent** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**APPENDIX D**

**CONSORTIUM MEMBERSHIP & LEAD AGENCY AUTHORIZATION**

***NOTE:** Fill out this page **ONLY** if you are applying as a consortium. If you are a consortium, this page **MUST** be filled out for **EACH** participating school district and or school (if not a consortium of school districts). The Superintendent/Principal of each participating district/school **MUST** sign this page.*

**Name of Consortium Lead Agency** \_\_\_\_\_

**Consortium Contact:** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_

The \_\_\_\_\_ School District and/or School authorizes the above-named Consortium Lead Agency to be the fiscal agent and coordinating body for the activities proposed in this grant application.

Furthermore, the \_\_\_\_\_ School District and/or School agrees to meet the requirements of this grant application as noted in Part II and commits to the full implementation of the activities proposed in this application.

**Name of Superintendent/Principle (Print)** \_\_\_\_\_

**Signature of Superintendent/Principal** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**APPENDIX E**

**GRANT APPLICATION REQUIREMENTS AGREEMENT**

*Note: All applicants must complete this form. Additionally, if you are a consortium, this page **MUST** be filled out for each participating school district/school (if you are not a consortium of school districts). The Superintendent/Principal of **EACH** participating district **MUST** sign this page.*

I hereby certify that I have read and understood the requirements for this grant application stated Part II of this RFP. I further certify that the \_\_\_\_\_  
**(fill in this line if you are applying as a district)** or the \_\_\_\_\_  
as the Consortium Lead Agency **(fill in this line only if you are applying as a consortium)** will adhere to all the requirements noted in Part II of this RFP and will implement the activities proposed in this application.

**Name of Superintendent/Principal** \_\_\_\_\_

**Signature of Superintendent/Principal** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**APPENDIX F**

**COMMITMENT #1**

**Comprehensive School Tobacco Policy Implementation**

*Note: If you are a consortium, this page **MUST** be filled out for **EACH** participating school district or school (if not a consortium of school districts). The Superintendent of **EACH** participating district or principal (if a not a consortium of school districts). **MUST** sign this page.*

The applicant and/or the applicant agency and all school districts and/or individual schools (if not a consortium of school districts) participating in this grant application commit to implementing a comprehensive school tobacco policy on or before June 30, 2003. A fully implemented tobacco-free policy (see the RESOURCE GUIDE) must be board adopted (approved) and include the following:

**Policy Elements**

- **Rationale**
- **Content**
- **Prevention Education**
- **Marketing/Sponsorship Prohibition**
- **Enforcement**
- **Support**
- **Communication Mechanism**
- **Procedures**

**Signature(s) below signify agreement to this commitment.**

**Name of District/School** \_\_\_\_\_

**Name of Superintendent/Principal (Print)** \_\_\_\_\_

**Signature of Superintendent/Principal** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**APPENDIX G**

**COMMITMENT #2**

**Tobacco Prevention Supplemental Material and/or Curriculum Implementation**

*Note: (All applicants must complete this form.) If you are a consortium, this page **MUST** be filled out for each participating school district/ schools (if not a consortium of school districts). The superintendent/principal of **EACH** participating district/school **MUST** sign this page.*

The applicant and/or the applicant agency and all school districts or schools (if not a consortium of school districts) participating in this grant application commit to:

(1) Fully implementing the chosen supplemental material and/or research-based curricula with mandatory instruction in **grades K-12 (note: grades 5-9 are considered high impact)** during the school year 2002-2003.

(2) Purchasing supplemental material and/or a research-based curricula and providing teacher training, if applicable, during the grant period. Documentation must be provided by applicants who already have such material, curricula and teacher training in place, so that material and/or curricula purchase will not be necessary.

Refer to the RESOURCE GUIDE for a list of these curricula.

Signature(s) below signify agreement to this commitment.

**Name of District/School** \_\_\_\_\_

**Name of Superintendent/Principal (print)** \_\_\_\_\_

**Signature of Superintendent/Principal** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**APPENDIX H**

**COMMITMENT #3**

**Teacher and Staff Training**

*Note: If you are a consortium, this page **MUST** be filled out for **EACH** participating school district or school (if a not a consortium of school districts). The superintendent of **EACH** participating district or school (if not a consortium of school districts). **MUST** sign this page. If you are not planning to use prevention curriculum, but have chosen only to implement supplemental material, you do not have to fill out this form.*

The applicant and/or the applicant agency and all school districts or schools (if not a consortium of school districts) participating in this grant application commit to sending teachers to training, if applicable, for the tobacco prevention curriculum identified in this application and to sending project staff to workshops designed to increase knowledge of comprehensive school-based tobacco prevention.

Signature(s) below signify agreement to this commitment.

**Name of District/School** \_\_\_\_\_

**Name of Superintendent/Principal (Print)** \_\_\_\_\_

**Signature of Superintendent/Principal** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**APPENDIX I**

**COMMITMENT #4**

**Participation in the Arkansas Youth Tobacco Survey**

*Note: (All applicants must complete this form.) If you are a consortium, this page **MUST** be filled out for **EACH** participating school district/school (if not a consortium of school districts). The superintendent of **EACH** participating district/school **MUST** sign this page.*

The applicant and/or the applicant agency and all schools represented in this grant application commit to participate in the student survey, Arkansas Youth Tobacco Survey. (The survey is described in the RESOURCE GUIDE). This survey gathers data on student tobacco use and is used to track progress toward state tobacco reduction goals for youth. Each project applying for funds must agree to have the Arkansas Youth Tobacco Survey administered in the schools participating in this application.

Signature(s) below signify agreement to this commitment.

**Name of District/School**\_\_\_\_\_

**Name of Superintendent/Principal (print)**\_\_\_\_\_

**Signature of Superintendent/Principal**\_\_\_\_\_

**Date signed**\_\_\_\_\_

## APPENDIX J

### Budget Worksheet

#### Sample Budget Format

#### 1. Personnel

Total \$ \_\_\_\_\_

a. Position Title and Name      Annual Salary    % Time    Months      Amount Requested  
Job description or responsibilities

b. *Fringe Benefits*

Total \$ \_\_\_\_\_

(If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.)

#### 2. Travel

Total \$ \_\_\_\_\_

a. In-State Travel

1 trip x 2 people x 500 miles r/t x \$.29 = \$290  
2 days per diem x \$37/day x 2 people = \$148  
1 nights lodging x \$67/night x 2 people = \$134

25 trips x 1 person x 300 avg. x \$.29 = \$2,175

Total      \$2,747

Justify by identifying who will travel to what locations and the purpose of the trips.

b. Out-of-State Travel

1 trip x 1 person x \$500 r/t airfare = \$500  
3 days per diem x \$45/day x 1 person \$135  
1 night's lodging x \$88/night x 1 person = \$88  
Ground transportation 1 person = \$50

Total \$773

Justify by identifying who will travel to what location and the purpose of the trip.

#### 3. Supplies

Total \$ \_\_\_\_\_

General office supplies (pens pencils, paper, etc.)

12 months x \$240/year x 10 staff = \$2,400  
Educational pamphlets (3,000 copies @ \$1 ea.) = \$3,000  
Educational videos (10 copies @ \$150 each) = \$1,500

Justify by identifying how supplies will be used/for what purpose.

#### 4. Contractual

Total \$ \_\_\_\_\_

Name of Contractor  
Method of Selection  
Period of Performance  
Scope of Work  
Method of Accountability  
Itemized Budget and Justification

**5. Other**

**Total \$ \_\_\_\_\_**

This category contains items not included in the pervious budget categories such as telephone, Copying, printing, postage mailing, publicity, etc.

Telephone

(\$ \_\_\_\_\_ per month x \_\_\_\_\_ months x #staff = \$

Postage

(\$ \_\_\_\_\_ per month x \_\_\_\_\_ months x #staff = \$

**6. Supplemental Material/Curriculum**

**Total \$ \_\_\_\_\_**

Supplemental Material (\$1,000 per classroom set)

**7. Administrative Overhead (maximum 10% of direct costs)**

**Total \$ \_\_\_\_\_**

TOTAL AMOUNT REQUESTED

TOTAL \$ \_\_\_\_\_

## **APPENDIX K**

### **EXPLANATION OF WORK PLAN**

Use the blank forms that follow to submit your work plan. All five goal areas must be addressed. Refer to the best practice grids in the RESOURCE GUIDE. The best practice grids contain many examples: pick those best practices in each goal area that most closely fit your plan to strengthen your tobacco prevention program and reduce youth use of tobacco over the grant period.

**SCHOOL-BASED PROGRAM PLAN**

Program Goal: School Programs - To prevent initiation among youth

Objective: Develop and reinforce a comprehensive tobacco-free policy for students and employees in all school-related activities.

<b>Key Strategies and Activities</b>	<b>Planned Start/End Dates for each step</b>	<b>Actual Start/End Dates for each step</b>	<b>Performance Outcome</b>	<b>Actual Completion Date of Performance Outcome</b>	<b>Plans for Future Action</b>
<p><b>POLICY</b> Develop policies and plans that support school, individual and community health efforts.</p>					

**SCHOOL-BASED PROGRAM PLAN**

Program Goal: School Programs - To prevent initiation among youth

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<p align="center"><b><u>SUPPLEMENTAL MATERIAL &amp; PREVENTION CURRICULUM</u></b></p> <p>Develop lessons in various subject areas that integrate and reinforce tobacco use prevention messages. Incorporate curriculum that provides information about the consequences of tobacco use.</p>					

**SCHOOL-BASED PROGRAM PLAN**

Program Goal: School Programs - To prevent initiation among youth

Objective: Develop and reinforce a comprehensive tobacco-free policy for students and employees in all school-related activities.

<b>Key Strategies and Activities</b>	<b>Planned Start &amp; End Dates for each step</b>	<b>Actual Start &amp; End Dates for each step</b>	<b>Performance Outcome</b>	<b>Actual Completion Date of Performance Outcome</b>	<b>Plans for Future Action</b>
<p align="center"><b><u>EVALUATION</u></b></p> <p>Provides in-depth information about the status of intermediate outcomes, such as knowledge, attitudes, and policies, which are the short-term target of an intervention.</p>					

**SCHOOL-BASED PROGRAM PLAN**

Program Goal: School Programs - To prevent initiation among youth

Objective: Develop and reinforce a comprehensive tobacco-free policy for students and employees in all school-related activities.

<b>Key Strategies and Activities</b>	<b>Planned Start &amp; End Dates for each step</b>	<b>Actual Start &amp; End Dates for each step</b>	<b>Performance Outcome</b>	<b>Actual Completion Date of Performance Outcome</b>	<b>Plans for Future Action</b>
<p align="center"><b><u>COMMUNITY EMPOWERMENT</u></b></p> <p>Mobilize community partnerships to identify and solve health problems. Link school based efforts with community programs.</p>					

**SCHOOL-BASED PROGRAM PLAN**

Program Goal: School Programs - To prevent initiation among youth

Objective: Develop and reinforce a comprehensive tobacco-free policy for students and employees in all school-related activities.

<b>Key Strategies and Activities</b>	<b>Planned Start &amp; End Dates for each step</b>	<b>Actual Start &amp; End Dates for each step</b>	<b>Performance Outcome</b>	<b>Actual Completion Date of Performance Outcome</b>	<b>Plans for Future Action</b>
<p align="center"><b><u>Health Promotion</u></b></p> <p>Inform, educate, and empower students about health issues.</p>					

## **What Works In School Based tobacco Prevention?**

This workshop will address the elements of a comprehensive school-based tobacco prevention program. Participants will learn about each of the components of a comprehensive tobacco prevention program and Arkansas resources. A special focus will be placed on implementation issues related to comprehensive tobacco-free school policies and curriculum selection, training and implementation issues.

In addition to workshop topics, colleagues from the Arkansas Department of Health's Tobacco Prevention and Education Program will respond to questions about the School-Based Tobacco Prevention Programs Request For Proposals that are due September 12, 2002.

Workshop Date:                      July 25, 2002                      Little Rock

Workshop Time:                      8:30 AM – 3:30 PM

Workshop Deadline:                      July 15, 2002

Continental Breakfast and Lunch will be provided

For more information, please call:

Mitchell Simpson                      501-280-4837

LaKhiva Blann                      501-671-1419

## **School-Based Tobacco Prevention Workshop Registration Form**

Name: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this form to:

Tameka Hines, Executive Secretary  
Tobacco Prevention & Education Program  
Arkansas Department of Health  
Little Rock, Arkansas 72205  
Fax: 501-280-4040

By July 15, 2002

