

**CRF**



Cigarette Restitution Fund  
Talbot County Health Department

The Talbot County Health Department Prevention Office is pleased to announce the availability of FY2019 community funding from the Maryland Cigarette Restitution Fund Tobacco Use Prevention and Cessation Program for tobacco prevention and/or cessation mini-grants. In our on-going efforts of *Keeping Talbot Youth Tobacco Free!* we are encouraging local organizations, churches, businesses and agencies to partner with us to achieve this goal. If your organization is interested in this initiative please complete the accompanying grant application and submit it by email to Logan.Harris@maryland.gov or by mail to 100 S. Hanson Street Easton, MD, 21601. Feel free to email or call, 410-819-5639, with any questions or concerns you might have. Technical assistance is readily available.

Grants are reviewed for approval on a rolling basis. Funding is limited so it is recommended that you submit your application at your earliest convenience, even if your activities are not scheduled until later in the year. All activities must take place before June 30, 2019 and all monies must be spent by that time. Please keep a record of your expenditures as you will need to include these in your final report.

We are encouraging grant recipients to tackle the most current issues involving tobacco:

- ✓ **E-cigarettes, are they a tool for cessation or a temptation for teens?**
- ✓ **Flavored cigars, are they truly meant to appeal to adults or rather to teens as an initial introduction to smoking**
- ✓ **Smoking in outdoor public areas including parks, play grounds, beaches, and other recreational areas.**
- ✓ **Eliminating exposure to secondhand smoke**
- ✓ **Smokeless tobacco**
- ✓ **Cessation during and after pregnancy**

**Numerous web sites including Legacy and Tobacco Free Kids can provide insight into these and other tobacco related problems.**

Guidelines for this funding are as follows:

- **Grant money must be used to provide tobacco prevention education and /or cessation.**
- Grant money can supplement the cost of programs, events and activities where tobacco prevention and education is central to the theme.
- **Credit must be given to the Cigarette Restitution Fund of the Talbot County Health Department for sponsorship.**
- Grants of up to \$2,000 for programs that include multiple on-going activities
- Grants of \$500 for one-time events or actions
- All grants will be awarded on first submission basis.
- **Copies of receipts/expenses must be included with final report**

*You will need to submit a brief summary of your program that includes the number of people educated about tobacco by January 10, 2019 (should your program begin before December 30, 2016) and July 10, 2019.*

Money can be used to pay for:

- ✓ A stipend of \$15 an hour to a program coordinator/facilitator
- ✓ Food for events that include a focus of anti-tobacco messaging/activities
- ✓ Supplies and materials for projects
- ✓ Incentives and rewards – **none in excess of \$25**
- ✓ Cost of venue for event that includes anti-tobacco messaging and/or activities
- ✓ Educational materials
- ✓ Anti-tobacco advertising

Should you have a need not addressed in these guidelines please contact me for assistance and approval.

Tobacco addiction is costly.

- It kills nearly 350,000 people in the US alone each year.
- The average price of a pack of cigarettes in Talbot County is more than \$6.70.
- The average smoker will spend nearly \$13,000 in just five years.
- Discarded cigarette butts are not bio-degradable and therefore wind up in our rivers and bays.
- Second hand smoke kills approximately 57,000 people a year.

***Keeping Talbot Youth Tobacco Free!***

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### Mini Grant Application FY 2019

Organization Information
Name of Organization:
Street Address:
City, State Zip:
Organization Director Name and Title:
Organization Director Email:
Organization Director Phone:
Federal ID #:

Primary Contact Person
Name:
Title:
Email Address:
Phone:

Program Information
Name of Activity/Program
Planned date(s) of activity/program
Anticipated number of people to be directly involved:
Youth (under age 18): <span style="float: right;">Adults:</span>
Anticipated number of people to be educated by event/program:
Funding Request:

**Will your program contain any of these elements (check all that apply):**

<input type="checkbox"/> E-cigarettes	<input type="checkbox"/> Cessation during and after pregnancy
<input type="checkbox"/> Smoking in outdoor public areas.	<input type="checkbox"/> Eliminating tobacco-related disparities
<input type="checkbox"/> Second hand smoke awareness	<input type="checkbox"/> Health communication campaign
<input type="checkbox"/> Smokeless tobacco awareness	<input type="checkbox"/> Awareness event/campaign

**Does your program anticipate reaching any of the following (check all that apply):**

<b><i>Disparate Populations</i></b>	<input type="checkbox"/> Pregnant women <input type="checkbox"/> Medically underserved <input type="checkbox"/> Individuals suffering from mental illness <input type="checkbox"/> Individuals struggling with substance use disorders <input type="checkbox"/> WIC recipients <input type="checkbox"/> Low-income populations	<input type="checkbox"/> Low-educated populations <input type="checkbox"/> Non-native English speaking populations <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender populations <input type="checkbox"/> Geographically isolated populations <input type="checkbox"/> Active military/veterans
<b><i>Ethnic/Racial Minority Populations</i></b>	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multi-racial <input type="checkbox"/> Native American
<b><i>Youth/Young Adult</i></b>	<input type="checkbox"/> Youth grade 5 or younger <input type="checkbox"/> Youth grades 6-8 <input type="checkbox"/> Youth grades 9-12	<input type="checkbox"/> Youth grades 6-12 <input type="checkbox"/> 18-24 year olds/college <input type="checkbox"/> 18-24 year olds/straight-to-work

*\*Note: These are required reporting demographics by the granting agency, per our conditions of award.\**

**Please provide a concise overview of your program/event and details of its tobacco prevention and/or cessation components. Please include estimate of the number of people to be educated about tobacco through your efforts as well as a time line that reflects all tobacco prevention activities.**

**Proposed Program Budget**

<b>Item</b>	<b>Proposed Cost</b>	<b>Detailed Description</b>
<b>Operational Supplies</b> Paper, ink, postage, etc. all need to be used solely for Tobacco Education Programming		
<b>Educational Materials</b> Curriculum, interactive displays		
<b>Refreshments</b> To be used solely during programming events, not planning meetings or staff lunches		
<b>Advertising</b> Radio, newspaper, etc		
<b>Speakers/Presenters/Consultants</b> Must be professionals, skilled/trained in tobacco education/programming		
<b>Incentives/Prizes</b> Must have a tobacco education message related o programming		
<b>Printing/Promotional Materials</b> Must have tobacco education message related to programming		
<b>Administrative Costs</b> Staff from organization who administers programming, is not the same as a consultant	( max \$15.00/hour stipend)	
<b>Other</b>		
<b>Other</b>		
<b>Other</b>		



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Mini-grant FY19  
Report Form

Mid-Year Due by January 10, 2019.  
Final Due by July 10, 2019

Organization Information	
Name of organization:	
Name of program:	
Name of program coordinator:	
Dates of program:	

	Youth	Adults
# educated/reached total		
# reached on e-cigarettes		
# reached on secondhand smoke		
# Black/African American reached		
# Hispanic/Latino reached		

Please write a brief summary of your activities throughout the year:

*Please be sure to include any receipts or invoices from program fund, copies of educational materials distributed, and copies of any sign-in or interest sheets. Pictures are always welcome too!*