

TOBACCO CONTROL of ELKHART COUNTY (TCEC)
Request for Mini-grant Proposals

Application # _____	Date Received _____
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(Office use only)

Organization: _____

Address: _____

City/State: _____

Telephone: _____

E-mail: _____

Contact Person (*Program Coordinator*): _____

President of Governing Board: _____

Chief Executive Officer of Organization: _____

Classification of Proposal: <i>(Please select one.)</i>	Community-Based Partnerships	_____
	Environmental Tobacco Smoke	_____
	Youth Initiation and Access	_____
	Cessation Resources	_____

Summary of Request:

Amount Requested: _____

What is the anticipated impact or outcome of your program?

What specific population would be served?

Who will be responsible for the program, and what are their qualifications?

Will any other individuals or agencies be involved?

What specific indicator(s) would be addressed? *(Please refer to the TCEC work plan.)*

Please provide a detailed budget for the proposed program. *(Form attached, page 4)*

Please share the mission and a brief history of your organization?

Has another source(s) provided or pledged funds for the proposed program? yes no

Are other sources considering you for funding? yes no

If tobacco settlement funds are discontinued, will this program be continued?..... yes no

If yes, how would it be funded?

What is the proposed time frame for this program?

How will you measure the impact or outcome(s) of this program?

Have you previously received grants from TCEC or Smokefree Indiana?.....yes no

If yes, when, what amount and what were the funds used for?

Once mini-grants have been approved & recommended for funding (by TCEC's review committee), they must be approved by Indiana Tobacco Prevention and Cessation (ITPC), unless that specific program was part of the original work plan. ITPC has assured us the turnaround on these approvals will be very quick, since they are anxious to see work plans implemented as soon as possible.

All grant recipients are expected to use funds for the purposes requested in their applications, and an agreement will be provided, prior to the release of the funds. You will be required to submit quarterly reports. They should be cumulative, and their completion will be an important part of the overall evaluation process. They will provide an assessment and accounting of your program for the executive board and staff, and also provide a tool by which ITPC can monitor the effectiveness of individual programs, in relation to TCEC's stated goals. **Grant recipients must be represented at bi-monthly TCEC meetings.**

Unusual circumstances, that cause noncompliance, should be brought to the attention of the TCEC executive board, as soon as possible. If it is deemed funds were not used for the intended purpose, or were used inappropriately, TCEC reserves the right to request their return.

Signature of Program Coordinator

Date

Signature of CEO

Date

Signature of Board President

Date

TOBACCO CONTROL of ELKHART COUNTY
Mini-Grant Budget Form

Applicant: _____
 Grant Period: _____

<u>Category</u>	<u>Breakdown</u>	<u>Total</u>
1. Supplies	\$ _____	\$ _____
	\$ _____	
2. Materials	\$ _____	\$ _____
	\$ _____	
3. Consultants/Staff	\$ _____	\$ _____
	\$ _____	
4. Facilities Rental	\$ _____	\$ _____
5. Other (Please specify)	\$ _____	\$ _____
	\$ _____	
6. Total Requested		\$ _____
7. In-kind Contributions	\$ _____	\$ _____
	\$ _____	
	\$ _____	
8. Total Project Costs		\$ _____

Revised 7/11/06