

Tobacco Action Fund Activity Grants



Guidelines and Process

1. To help celebrate World No Tobacco Day on May 31, the Tobacco Free Network and the Alliance for the Control of Tobacco would like to encourage Community Health Nurses, other Western Health staff, and Community Partners to work together in planning and delivering activities to promote a smoke-free lifestyle. Because of the huge tobacco effort already provided to schools with Students Working against Tobacco (SWAT) and the Radio Ad Contest, K- 12 schools will not be eligible for these particular grants. The priority here is for Community Groups. Some Community Partners may include, but are not limited to:

- Town Councils
- Family Resource Centres
- Church Groups
- Youth Groups
- Seniors Clubs
- Recreation Committees

2. Applications must be received no later than Friday, April 11, 2014. Please forward applications to:

Bill Allan
Western Health
10 Wellington Street
Corner Brook, NL, A2H 6G9
Fax: (709) 634-1828 or E-Mail: bill.allan@wnlsd.ca

3. We have a limited amount of funds available for this project. The maximum grant provided will be \$200.00. Applications will be reviewed on an individual basis taking into account the number of participants and activities planned. Please indicate specific amount requested on the application form.

4. Successful applicants will receive a cheque for the awarded amount. In any case that the total amount of the grant awarded was not spent, the remaining funds should be returned. (Cheque should be made payable to *The Alliance for the Control of Tobacco* and forwarded to Bill Allan at the above address.)

5. A Reporting Form will need to be completed upon conclusion of the activity. This Evaluation Form must be sent to Bill Allan at the above address by June 20, 2014.

6. Some examples of Tobacco Action Fund activities may include:

- Education Session on the benefits of living smoke free in combination with a community walk (indoors or outdoors).
- Social/Community Events such as a Physical Activity Night or Breakfast Session in combination with an information session on Tobacco.
- Tobacco Trivia Game in combination with a family sports event.
- Hands-on session for families (parents and children) on keeping your house smoke free in combination with a scavenger hunt, relay race, or other physical activity challenge.
- Smoke-free family BBQ with a physical activity and an educational component on living smoke free.

7. The local Public Health Nurse or Wellness Facilitator may be able to help with resources that could be used for Tobacco Action Fund activities. Some resources that could be available include:

- Jar of Tar
- Death of a Lung
- Spin Quest
- Clever Catch Ball
- Barb Tarbox: A Life Cut Short by Tobacco
- Heather Crowe's Legacy DVD.

Application Form Tobacco Action Fund Activity Grants

Applicant Information	
Applicant:	Date:
<u>Contact Information</u>	
Name:	Telephone#:
Address:	
Email:	
Did you consult with your local Community Health Nurse or Wellness Facilitator about this Project? (This is strongly encouraged.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please name the Community Health Nurse or Wellness Facilitator you consulted with: _____	
Proposed Activity	
Project Name: _____	
Date of Activity: _____ <i>World No Tobacco Day is May 31. Activity must take place between May 26 - June 13.</i>	
Location of Activity: _____	
Target Participants: Total number of individuals expected to take part: _____	
Describe how you will promote the importance of a smoke-free lifestyle.	

What health promotion resources will you use for the healthy activity? (e.g., displays, presentations, programs, videos, toolkits, guest speakers, etc.)

Partnerships

- Is your group partnering with any other group/organization on this project?
Yes No

If yes, who are you partnering with to offer this healthy activity?

Funding

- How much funding are you requesting? _____ (Maximum \$200.00)
- How will you use the funding provided. Please list items that you require and the expected costs of the items:

Evaluation:

How are you going to determine if the event has been a success?

Signature of Applicant: _____ **Date:** _____

For Office Use Only:

Application Received By: _____ **Date:** _____

Application Reviewed By: _____ **Date:** _____

Application Approved By: _____ **Date:** _____

Amount Awarded: _____