

**Illinois Department of Public Health
Office of Health Promotion
Division of Chronic Disease Prevention and Control**

**Illinois Department of Public Health
Illinois Tobacco-Free Communities Program
Local Health Department Initiative Continuation Grant
Fiscal Year 2011**

July 2010

Illinois Department of Health
Illinois Tobacco-Free Communities Program
Grant Application Checklist

Please check each form as it is completed and include it with the application packet.

Illinois Department of Public Health, Public Health Grant Application (available on www.idph.state.il.us under funding opportunities)

Illinois Department of Public Health, Public Health Grant Budget Detail Template (available on www.idph.state.il.us under funding opportunities)

Coalition Information Sheet (Appendix A)

Coalition Membership Listing (Appendix B)

Community Intervention Plan (CIP) worksheets (Appendix C)

Personnel and Duties List (Appendix G)

By the grant submission deadline of 5:00 p.m., August 20, 2010:

1. Submit one (1) signed unbound original and three (3) copies of the complete application.
2. Use 12-point font, 1-inch margins, and single spaced lines on 8½ X 11-inch paper.
3. Do not exceed the section page limits.
4. Number all pages including any attachments.
5. Complete the budget and narrative and include with application.

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Informational conference calls for questions concerning the RFA, grant application and budget forms are scheduled for **August 5 and 10, 2010, at 10:30 a.m.** Applicants need only participate in one of the calls.

Conference call number: 1-888-398-2342
Access code: 8277333

Section I

Purpose

The Illinois Department of Public Health (IDPH), Office of Health Promotion, Division of Chronic Disease Prevention and Control, Illinois Tobacco-Free Communities (ITFC) Program provides funding to certified local health departments (LHDs) to implement tobacco control and prevention programs within their jurisdictions.

The long-term mission of the Program is to eliminate morbidity and mortality related to tobacco use among Illinois residents and to reduce the economic burden of treating tobacco-related illnesses. The U.S. Centers for Disease Control and Prevention (CDC) has identified community-based tobacco programs as a vital component of a comprehensive tobacco control and prevention program that advances achievement toward the following four national program goal areas established by the CDC, Office on Smoking and Health:

- Prevent tobacco use among young people
- Promote tobacco use cessation among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related health disparities among specific population groups

The ITFC Program promotes the establishment and facilitation of local tobacco prevention and control coalitions that implement science-based, policy-focused strategies based on the CDC's program goal areas.

Project Period

The project period for this grant funding is July 1, 2010 through June 30, 2011.

Award Funding

The ITFC Program appropriation level for State Fiscal Year 2011 is \$5,000,000 from Tobacco Settlement Funds, representing level funding from the previous fiscal year. All LHD grantees should complete budgets that represent level funding from last year's grant.

Required Program Activities

All ITFC grantees, regardless of funding level, are required to develop strategies to enforce the Smoke Free Illinois Act in their jurisdiction, promote the Illinois Tobacco Quitline, implement the "Break the Habit" program and develop program activities and strategies that emphasize the use of nicotine replacement therapy and Quitline counseling.

Funding Categories

Based on national program goal areas, the Department has established three funding categories for the ITFC Program. Applications should be completed for the same category as the FY10 award (Category I, II or III) and submitted with a budget that reflects the category funding limits specified below. No submitted budgets can exceed the LHDs FY2010 award.

Category I

Certified LHDs awarded above \$50,000 in funding are required to develop and implement a comprehensive tobacco control and prevention program to fulfill objectives and strategies that address each of the four program goal areas. The grantee is also required to convene or participate in a coalition group. Category I grantees must staff the program with the equivalent of one full time employee (FTE). The 100% FTE may be divided among multiple staff directly involved in the ITFC program implementation and evaluation. It is recommended that the lead staff person have at least an undergraduate degree in Health Education and/or be a Certified Health Education Specialist (CHES), and a minimum of two years of experience in tobacco prevention and control.

Category II

Certified LHDs receiving award amounts between \$20,001 and \$50,000 are required to select two program goal areas for implementation and evaluation. The grantee is also required to convene or participate in a coalition group. Category II grantees must staff the program at the equivalent of one-half time FTE. The 50% FTE may be divided among multiple staff directly involved in the ITFC program. It is recommended that the lead staff person have at least an undergraduate degree in Health Education, and/or be a Certified Health Education Specialist (CHES) and a minimum of two years of experience in tobacco prevention and control.

Category III

Certified LHDs receiving award amounts up to \$20,000 are required to select one program goal area for implementation. The grantee is required to convene or participate in a coalition group. Category III grantees must staff this program at the equivalent of one quarter time FTE. The 25% FTE may be divided among multiple staff directly involved in the ITFT program. It is recommended that the lead staff person have at least an undergraduate degree in Health Education, and/or be a Certified Health Education Specialist (CHES) and have at least one year experience in tobacco prevention and control.

ITFC Program Staffing Requirements

Staffing costs may be provided as in-kind. However when this is the case, the grantee must provide detail on the personnel services sheet of the budget and note these expenses as in-kind. Staff directly involved with program implementation must be listed as responsible staff in the ITFC Program Work Plan. If a person is indicated at 100 % on the grant, it is expected their time will be dedicated solely to work on this grant. The scope of work justification for these person(s) must be detailed and reflected in the program activities and reporting. A maximum of 70 % of an LHD's total ITFC grant award may be used for personnel costs, including fringes.

Program Activities - Evidence-based Interventions

ITFC Program Community Intervention Plans for Categories I, II, and III should specify program activities that utilize policy-driven, evidence-based interventions to address the goals of the ITFC program and those of the CDC, Office on Smoking and Health. Following are suggested evidence-based strategies, by goal area, adapted from *CDC Best Practices for Comprehensive Tobacco Control Programs* (October 2007)

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/; or *The Guide to Preventive Community Services*, developed by the U.S. Task Force on Community Preventive Services, <http://www.thecommunityguide.org>. Please review these resources for other effective strategies. The two publications are also available by contacting the IDPH Tobacco Control Program.

1) Prevent the initiation of tobacco use among young people

- Influence youth behavior to prevent or delay initiation of tobacco use;
- Engage local youth to participate in the development and implementation of prevention and youth focused education efforts;
- Assure enforcement of youth access to tobacco laws and ordinances;
- Encourage 24 hour/7 day tobacco-free school environments including all school grounds, facilities, activities, and vehicles by reminding schools about the prohibition of tobacco on school property contained in Article 10 of the Illinois School Code (105 Illinois Compiled Statutes (ILCS) 5/10-20.5b);
- Encourage schools to comply with the Illinois School Code regarding tobacco-use prevention education as a permanent part of the Comprehensive School Health Education curriculum in grades K-12 with intensive instruction in junior high school and reinforcing health education in high school.

2) Eliminate exposure to secondhand smoke

- Promote local policies prohibiting smoking in parks and other public places not already covered by the Smoke Free Illinois Act;
- Identify evaluate, and implement best practices for reducing smoking in multi-unit housing, private homes and private vehicles;
- Conduct an educational secondhand smoke media campaign to increase awareness and compliance of the support for smoke-free public places.

3) Promote tobacco-use cessation among youth and adults

- Provide information, including through a media campaign, to refer smokers to the Illinois Tobacco Quitline;
- Increase access to smoking cessation services;
- Implement the “Break the Habit” program, emphasizing the use of nicotine replacement therapy and Quitline counseling;
- Encourage health care providers to ask patients at clinic visits about their tobacco use by incorporating the 5 A’s (Ask, Advise, Assess, Assist, and Arrange) as recommended in the U.S. Public Health Service publication, *Clinical Practice Guidelines on Treating Tobacco Use and Dependence (2008 Update)*.

4) Identify and eliminate tobacco-related disparities among specific population groups

- Increase the involvement of tobacco control partners and populations affected by tobacco related disparities in the development and implementation of tobacco control programs through an aggressive outreach campaign;
- Allocate resources for dedicated initiatives designed to reduce tobacco use rates within tobacco use disparate populations.

Coalition Participation

All grantees are required to convene or participate in a local or regional coalition group. For assistance in convening or participating in a coalition, complete the Coalition Information Sheet (Appendix A). If a coalition is created or changed, grantees are required to complete the Coalition Membership Listing (Appendix B). For assistance in developing your coalition, complete the Coalition Information Sheet (Appendix A) to identify tobacco prevention and control needs within the community and develop objectives to reach target groups

Section II

Required Components of this Application:

1. The applicant must prepare a plan for each selected program goal area. Following each goal area are guidelines for identifying, selecting or implementing selected strategies.

a. Prevent the initiation of tobacco use among young people

- If you choose to reach children in a school setting, your strategies must follow *CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction* available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>.
- Develop and implement a youth-specific counter-marketing media campaign designed to reach multiple target audiences that regularly interact with youth (e.g., teachers, nurses, physicians, coaches, religious leaders, etc.).

b. Promote tobacco-use cessation among youth and adults

- **Required of all Grantees:** Utilize innovative strategies to promote the Illinois Tobacco Quitline 1-866-Quit-Yes (1-866-784-8937) and implement "Break the Habit (BtH)".
- Budget for nicotine replacement therapy (NRT). The cost for the NRT must be included in the budget. This expense belongs under "supplies" in the budget. Every effort should be made to obtain NRT at the government rate.
- Provide current cessation class schedules, including classes offered through the LHD and other local organizations, to the Illinois Tobacco Quitline and the Department.
- Develop a media campaign to increase awareness of the Illinois Tobacco Quitline and other cessation resources in the community.

c. Eliminate exposure to secondhand smoke

- **Required of all Grantees:** Continue educational activities and enforcement of the Smoke Free Illinois Act (SFIA).
- Encourage smoke-free policies for homes and private vehicles.
- Develop a media campaign to educate the public regarding secondhand smoke issues and the SFIA.

d. Identify and eliminate tobacco-related disparities among specific population groups

- **Required of all Grantees:** The CIP must identify what populations in their jurisdiction are “affected by disparities in tobacco use and its impact”.
- All Categories (I, II, and III) must address how strategies will reach the identified populations affected by tobacco-related disparities.
- The Community Intervention Plan must detail interventions to address tobacco-related disparities. The quarterly reports will require a description of progress in reaching and providing interventions to the disparate populations you identified in your application. Tobacco-related disparities are differences in the patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illnesses that exist among specific population groups in Illinois; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.

2. A Community Intervention Plan (CIP)

The Community Intervention Plan (CIP) is a required part of the ITFC grant because it helps the grantee develop activities that utilize policy-driven, evidence-based interventions to address the goals of the ITFC program and those of the CDC, Office on Smoking and Health. FY11 strategies should reflect how the LHD will meet the recommendations contained in CDC’s *Best Practices and the Community Guide for Preventive Services*. Please consider this as an opportunity to build on FY10 successes by incorporating effective strategies and evaluation methods into the action plan.

Complete a CIP Worksheet (**Appendix C**) for each outcome objective that will be implemented during FY11. Refer to the Illinois Tobacco-Free Communities Programmatic Strategies (**Appendix D**) and the Illinois Tobacco Program Recommended Strategies (**Appendix E**) for assistance in completing the worksheets. The activities identified must be reflected in the proposed budget. If the CIP fails to contain all components, it will delay implementation and processing of the agency’s grant.

It is recommended that you contact your Regional Tobacco Advisor (RTA) to review proposed strategies and evaluation methods before submitting the completed CIP. Each LHD must provide the Department with copies of all proposed and newly adopted tobacco control ordinances. The ITFC program will continue to collect this information and maintain a tracking database.

Communications/Media Plan

Communications/Media Plan

Each CIP worksheet includes a space to describe the communications/media strategies related to achieving the identified outcome objective. Resources for identifying appropriate media plans are:

Counter-marketing

“Counter-marketing attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a state, region, or community. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the state and local level; media advocacy and other public relations techniques using such tactics as press releases, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions.”

Source: CDC Best Practices for Comprehensive Tobacco Control Programs. Available at: http://www.cdc.gov/tobacco/media_communications/countermarketing/index.htm

Social Norms Marketing

One strategy frequently used to correct public health misperceptions is "social norms marketing (SNM)." This marketing strategy can potentially lead youth to avoid smoking.

The media methods, format and messages for each goal area must be clearly described in the CIP worksheet. In addition, all media materials developed with funds from this grant award, as well as other promotional materials (e.g., posters, billboards, cinema ads, radio/TV spots, etc.) developed by the local health department must be pre-approved by the Department and include the following acknowledgement:

“This project was made possible by funds received from the Illinois Department of Public Health”

Materials submitted for review must be received **six (6)** weeks prior to the intended distribution of the materials. Submissions that do not meet this time requirement cannot be guaranteed approval by the Department. Any materials created and distributed without prior review and approval from the Department will result in non-reimbursement for these materials. Media shall be submitted for approval, regardless of previous use or approval, with a completed Department’s publication/media approval form shall be completed for all materials and shall be submitted to the county’s RTA for approval. No media shall be submitted after May 17, 2011.

3. Fully completed Coalition Membership Listing

The coalition activities must focus specifically on activities related to the tobacco goal areas and objectives. Using the Coalition Membership Listing (**Appendix B**), please identify the name, organization, and contact information for all coalition members. Please note that coalition membership should be broadly representative of the community. Please see the *CDC’s Best Practices for Comprehensive Tobacco Control Programs User Guide – COALITIONS State and Community Interventions* available at: http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/index.htm

4. Identification of a Lead Project Staff Person

Each LHD must identify one staff person designated as the lead tobacco prevention and control coordinator responsible for program oversight and coordination. The Tobacco Prevention and Control Coordinator, at a minimum, must be registered to access the Smoke Free Illinois Enforcement System to enter complaints and track enforcement activities. Each LHD should identify any other staff who should receive communications from the Department regarding tobacco control and prevention issues.

5. Budget and Budget Justification

Applicants should review Appendix F: “Budget and Budget Justification Instructions-Use of Funds” and then complete the Illinois Department of Public Health, Public Health Grant Budget Detail Template (available on www.idph.state.il.us under funding opportunities)

All budget line items must relate to specific outcome objectives and related interventions/strategies. All budget categories must be detailed so that reimbursements can be approved and processed. Necessary detail should be provided in the budget justification section of the budget detail template. Appendix F includes a list of allowable and unallowable expenditures. Budgets must be realistic, cost-effective, and appropriate to the CIP. The budget is the controlling mechanism for expenditures and the basis for approval for all reimbursement certification reports. The grant budget detail template includes budget categories, including commodities, equipment, and patient/client care, that are not pertinent to the ITFC grant. These budget categories should be disregarded.

6. Progress Report Requirements

All Grantees are required to submit quarterly progress reports on their work plan objectives. Failure to submit required reports in a timely manner will result in holding reimbursements and may affect future ITFC funding to the Grantee. For the FY11 grant year, quarterly progress reports provided by the Department must be submitted electronically as follows:

Reporting Period		Report Due By
1 st Quarter	July 1, 2010 through September 30, 2010	October 15, 2010
2 nd Quarter	October 1, 2010 through December 31, 2010	January 15, 2011
3 rd Quarter	January 1, 2011 through March 31, 2011	April 15, 2011
4 th Quarter	April 1, 2011 through June 30, 2011	July 15, 2011

Submission of Applications

Applications must be received no later than 5:00 p.m. (CDT) on August 20, 2010. Three (3) copies, with original signatures may be mailed or hand delivered to:

Gail DeVito
Gail.DeVito@illinois.gov
Tobacco Control Program Manager
Division of Chronic Disease Prevention and Control
Illinois Department of Public Health
535 West Jefferson Street, 2nd Floor
Springfield, IL 62761-0001

Appendix B
FY11 Tobacco Coalition Membership Listing

Name/Title	Organization	Street Address	City and ZIP Code	Telephone and Fax	E-mail
				Ph: Fax:	
				Ph: Fax:	
				Ph: Fax:	
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APPENDIX C

<p>Illinois Tobacco Free Communities Fiscal Year 2011 Community Intervention Plan (CIP) Worksheet (Complete a separate worksheet for each objective in your CIP)</p>						
<p>Please review the recommended strategies from CDC Best Practices and the Community Guide before completing this section of the worksheet</p>						
Local Health Department:						
Funding Category: (please circle)				I	II	III
Goal Area: (please circle one)		Prevention	Cessation		SHS	
Outcome Objective Code: (please leave blank if you are writing an objective not listed in Appendix D)				Outcome Objective:		
				Baseline Data:		
Please describe in detail your strategies for reaching your desired outcome objective:						
	Cost	Quarter to be Completed	Staff Responsible for Completing this Activity	Disparate Population(s) Reached	Communication/ Media Strategies Related to this Activity	Evaluation Methodology
Activity/ Intervention #1						
Activity/ Intervention #2						
Activity/ Intervention #3						
Activity/ Intervention #4						

Illinois Department of Public Health
Illinois Tobacco Free Communities
FY 2011 Community Intervention Plan Worksheet Instructions

Complete a separate worksheet for each outcome objective in your CIP. To assist in completing the worksheets, refer to Appendices D and E of the RFA. If at any time you have questions, please contact your Regional Tobacco Advisor:

Leah Rogers (312) 814-2915; leah.rogers@illinois.gov
Dean Harbison (618) 656-6680; dean.harbison@illinois.gov

Please note: Promoting the Quitline, implementing Break the Habit and enforcing the Smoke Free Illinois Act are minimum requirements of all LHDs. Complete one CIP worksheet for activities related to these required activities and for each additional program goal area. A CIP worksheet should be completed for each annual outcome objective in your FY11 action plan. There is no maximum requirement on the number of objectives you may choose. Before submitting your CIP, please have your RTA review your plan if you choose to write new outcome objectives.

1. Provide the health department name;
2. Provide the name of the individual completing the worksheet;
3. Select the grant award category (i.e, Category I, II, or III) applicable to your application for grant funds;
4. Based on your grant award category, select the appropriate Program Goal Areas;
5. Indicate the Annual Outcome Objective Code (please leave this blank if you are writing an objective that is not listed in the RFA in Appendix D);
6. Indicate the Annual Outcome Objective(s) for each goal area;
7. Provide baseline data. If no baseline data exists, place "TBD" (to be determined) in this field;
8. Provide details on each strategy, including: information on your evaluation methods, tools, and target group and details on any planned media for each selected strategy (If you have more than three strategies, you can add additional rows for additional information.);
9. Provide details on the tobacco-related disparate group(s) you will reach with these strategies;
10. Provide details on how and where these strategies will reach the disparate group(s). Examples of groups with tobacco-related disparities include persons with low educational achievement or low income; pregnant women; males; gay, lesbian, bisexual, or transgender people; youth/young adults; rural populations; ethnic minority groups; limited English speaking populations (to review classifications see: <http://www.cdc.gov/omhd/Populations/definitions.htm>); deaf and hard of hearing persons; blind persons.

**Appendix D
Illinois Tobacco-Free Communities
Programmatic Strategies**

The Community Intervention Plan (CIP) represents the local health department’s (LHD) strategies under this grant to address tobacco control and prevention within the grantees’ jurisdiction. This grant requires each LHD to address a particular number of U.S. Centers for Disease Control and Prevention (CDC) goal areas, depending on funding levels. The funding levels are as follows:

Funding Category	Funding Amount	Required Goal Areas
I	\$50,001 or more	4
II	\$20,001 to \$50,000	2
III	Up to \$20,000	1

The following examples serve as a guide to develop a CIP. The CDC goal areas for addressing tobacco control include: 1) Prevent the initiation of tobacco use among young people; 2) Eliminate exposure to secondhand smoke; 3) Promote tobacco-use cessation among youth and adults; and 4) Identify and eliminate tobacco-related disparities among specific population groups. For each outcome objective, an intervention section and an evaluation section is provided. The intervention section describes the suggested intervention(s) for each outcome objective. The evaluation section describes the required evaluation for each outcome objective. Please note that the information listed in the evaluation plan is reported to the Department at the end of the funding period, so continual tracking of these items throughout the year is essential. Please be advised that the following examples are provided to assist the applicant in determining effective strategies and not intended to be prescriptive. Also see The Illinois Tobacco Free Communities Recommended Strategies (Appendix E).

Evaluation/Surveillance:

CDC Best Practices states that program evaluation requires that a wide range of short term and intermediate indicators of program effectiveness be measured, including policy changes, changes in social norms and exposure of individuals and communities to statewide and local program efforts. Evaluation efforts should also include counter-marketing surveillance to track new products and examine the impact of pro-tobacco influences, including the actual cost of cigarettes, free samples, advertising, promotions, media coverage and events that glamorize tobacco use. In addition, evaluation requires collection of data such as information from the Quitline Minimal Data Set, legislative tracking, vital statistics, Synar compliance data, observational studies, Nielsen data, opinion surveys, air quality studies media evaluation, or program monitoring data (e.g., tracking alignment of local program efforts with statewide priorities). Evaluation planning should be integrated with program planning. Collection of baseline data related to each objective and outcome indicator is critical to ensuring that program-related effects can be clearly measured. For this reason, surveillance and evaluation systems must have first priority in the planning process.

GOAL AREA #1: PREVENTION

Outcome Objective Code: PvntProgram

Outcome Objective: By 6/30/2010, ____ (#) students will have participated in evidence-based tobacco prevention programming.

Programmatic strategy: The purpose of this process objective is to involve students in evidence-based tobacco prevention programming. ITFC staff has identified model tobacco prevention programs listed below. Other programs identified by LHDs may be appropriate for this process objective; however, any programs not on the following list must be submitted and approved by the ITFC Regional Tobacco Advisor before it may be implemented:

1. Family Matters	5. NSTEP	9. Tar Wars
2. Keep a Clear Mind	6. Project TNT	10. Teen Against Tobacco Use
3. Life Skills Training	7. Project Towards No Drug Abuse	
4. Media Sharp	8. Social Norms Marketing	

Evaluation methods:

- Track the number of times each program has been completely implemented. If a program consists of multiple sessions, a complete program would be counted after the last session was finished.
- Track the number of students who have participated in each of the programmatic strategies.
- Pre/post test evaluations to measure students' change in knowledge, attitude and behavior as a result of the intervention.

Outcome Objective Code: PvntOrdinance

Outcome Objective: By 6/30/2011, ____ (#) new local comprehensive tobacco control ordinances preventing youth access to tobacco will be passed.

Programmatic strategy: The purpose of this objective is to restrict youth access to tobacco products by enacting a comprehensive ordinance with multiple components that include merchant licensing, minor possessions, advertising, restrictions, and penalties.

Evaluation methods:

- Track the number of ordinances on which LHD has worked and the number of ordinances which have been enacted.
- Track contacts made with key leaders in the community.
- Track and measure change in attitude and behavior of constituents.

Outcome Objective Code: PvntSchool

Outcome Objective: By 6/30/2011, ____ (#) school(s) will have implemented a comprehensive policy that enforces tobacco use prohibition on school property.

Programmatic strategy: The purpose of this process objective is to assure that schools comply with the Illinois Compiled Statute 105 ILCS 5/10-20.5b that prohibits the use of tobacco on school property by any school personnel, student, or other person when such property is being used for any school purposes. It is recommended that the written policy is comprehensive and address penalties, student, staff & parent education, cessation, advertising, and enforcement.

Evaluation methods:

- Track the number of schools which LHD has approached about implementing enforcement policies.
- Track the number of schools which have implemented an enforcement policy.

Outcome Objective Code: PvntSocNorms

Outcome Objective: By 6/30/2011, increase by ____ the number of youth reached by a Social Norms marketing Campaign.

Programmatic strategy: If misperceived norms are leading to increased tobacco use, it makes sense that informing students of actual tobacco use norms may reduce student tobacco use. A social norms marketing campaign about tobacco use attempts to correct misperceptions of tobacco use norms to reflect actual tobacco use patterns. Social norms are the topic of the campaign, while social marketing is the process used to disseminate information about actual norms.

Evaluation methods:

- Conduct an assessment of perceived and actual norms
- Track the number of individuals reached and surveyed
- Conduct a process evaluation to determine whether the intended target audience was reached.
- Use an outcome evaluation to determine whether participants engaged in the desired behavior after being exposed to the message.
- Assess long-term outcomes to determine whether performing the behavior induced the desired change
-

GOAL AREA #2: CESSATION

Outcome Objective Code: QuitEnd

Outcome Objective: By 6/30/2011, ____ (#) smokers will have participated in an evidence-based smoking cessation program.

Programmatic strategy: The purpose of this Process Objective is to increase the number of persons completing any smoking cessation program recognized as efficacious. The awareness of the availability and use of culturally and linguistically appropriate behavior modification-based tobacco cessation services in the community is important in order to offer the smoker as many options as possible to quit. Individual, group, and telephone counseling are all considered effective.

Evaluation methods:

- Track the number of times each program has been implemented.
- Track the number of smokers who have participated in each of the programs.
- Track the number of participants who are smoke-free at then end of the program; at one month; at three month; at six months.

Outcome Objective Code: QuitLine

Outcome Objective: By 6/30/2011, ____ (#) calls will have been made to the Illinois Tobacco Quitline from residents of this jurisdiction.

Programmatic strategy: The purpose of this objective is to assess the effectiveness of promoting the Quitline and develop strategies to improve call volume.

Evaluation methods:

- The Department will monitor: Track the number of calls made to the Quitline from residents of this jurisdiction.
- Measure media promotions and other community activities that increase awareness of the ITQ.

Outcome Objective Code: QuitPreg

Outcome Objective: By 6/30/2011, increase by ____ (#) the quit rate among pregnant clients in WIC/FCM programs.

Programmatic strategy: The purpose of this objective is to decrease the number of pregnant women who are smoking. Education about tobacco use and smoke exposure should be a routine part of prenatal visits and every appropriate pediatric health supervision visit. Parents should be informed about the health hazards of smoking and be provided with guidance on smoking cessation.

Evaluation methods:

- Track the number of pregnant or at post-partum women who smoke who are advised to quit smoking
- Track the number of pregnant and/or post-partum women who smoke and are provided guidance to quit smoking through the Make Yours a Fresh Start Family (MYAFSF) using the Cornerstone system
- Track the number of women referred to the Illinois Tobacco Quitline by the Fax Referral Form
- Track the number of women referred to smoking cessation programs
- Track the number of women who decrease the amount they smoke

Outcome Objective Code: QuitProvider

Outcome Objective: By 6/30/2011, ____ (#) healthcare providers will be trained in implementing the 5A's when consulting with their patients.

Programmatic strategy: The "5 A's," Ask, Advise, Assess, Assist, and Arrange, are designed to be used with the smoker who is willing to quit. Brief clinical interventions by health care providers can increase the chances of successful cessation, as can counseling and behavioral cessation therapies. Treatments with more person-to-person contact and intensity (e.g., more time with counselors) are more effective.

Evaluation methods:

- Track the number of healthcare providers trained in the 5A's.
- Track the number of healthcare providers implementing the 5A's with their patients.

Outcome Objective Code: QuitSystems

Outcome Objective: By 6/30/2011, ____ (#) of organizations will integrate the Illinois Tobacco Quitline into their referral systems.

Programmatic strategy: Evidence shows that reminder systems for health care providers increase the rate of clinician intervention to assist patients in quitting, thereby increasing the number of patients who successfully quit

Evaluation methods:

- Track the number of organizations that document smoking status as a vital sign (i.e., ask about and document smoking status at every visit).
- Track the number of organizations that refer patients who smoke to the Illinois Tobacco Quitline.

GOAL AREA #3: SECONDHAND SMOKE

Outcome Objective Code: SHSOrdinance

Outcome Objective: By 6/30/2011, ____ (#) new local ordinances related to eliminating secondhand smoke exposure (e.g., ordinances passed adopting the Smoke Free Illinois Act, or stronger prohibitions) will be passed.

Programmatic strategy: In conjunction with the Smoke Free Illinois Act, the purpose of this process objective is to increase the number of public smoke-free environments with equal or more stringent restrictions than the Smoke Free Illinois Act.

Evaluation methods:

- Track the number of ordinances on which LHD has collaborated with key people and organizations within your jurisdiction.
- Track the number of ordinances which have been enacted.

Outcome Objective Code: SHSEnforcement

Outcome Objective: By 6/30/2011, ____# of activities will have been conducted to enforce the Smoke Free Illinois Act.

Programmatic strategy: In conjunction with the Smoke Free Illinois Act, the purpose of this process objective is to ensure enforcement of the Act through coordination with local law enforcement, and other enforcing agencies. The enforcement activities could include education of the public, coalitions, and businesses. Additionally, enforcement includes letters and fines for violations, and meetings held with other enforcing agencies to coordinate efforts.

Evaluation methods:

- Track the number of education letters mailed
- Track the number of warning letters mailed
- Track the number of fines and the amount assessed
- Track the amount of fines remitted as payment
- Track the number of complaints and subsequent follow-up activities
- Track the number of proactive enforcement activities (“stings”)

- Track the number of organizational meetings held with enforcing agencies (e.g., local police, state's attorney)
- Track the number of coalition meetings that addressed educational efforts for enforcement

Outcome Objective Code: SHSHome

Outcome Objective: By 6/30/2011, ____ (#) people will voluntarily adopt smoke-free policies for their homes.

Programmatic strategy: The purpose of this process objective is to educate the LHD's citizens of the benefits of having a smoke-free home.

Evaluation methods:

- Track the number of households reached by LHD and the number of households which have implemented smoke-free policies

If you have any questions about completing this application, please contact your Regional Tobacco Advisor (RTA) for assistance.

Appendix E

Illinois Tobacco Free Communities Recommended Strategies

The Task Force on Community Preventive Services' (www.thecommunityguide.org) strongly recommends:

- Smoking ban and restrictions
- Increasing the unit price of tobacco products
- Conducting mass media education campaigns combined with other community interventions
- Implementing health care provider reminder systems (alone or combined with provider education)
- Reducing out-of-pocket costs for patients
- Providing telephone-based cessation counseling
- Mobilizing the community to restrict minors' access to tobacco products when combined with additional interventions (stronger local laws directed at retailers, active enforcement of retailer sales laws, retailer education with reinforcement)
- Implementing school-based interventions in combination with mass media campaigns and additional community efforts

Best Practices for Comprehensive Tobacco Control Programs – 2007

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/

Community Programs to Reduce Tobacco Use

- Empowering local agencies to build community coalitions that facilitate collaboration among programs in local governments, voluntary and civic organizations, and diverse community based organizations
- Collaborating with partners and other programs to implement evidence-based interventions and build and sustain capacity through technical assistance and training
- Supporting local strategies or efforts to educate the public and media not only about the health effects of tobacco use and exposure to secondhand smoke, but also about available cessation services
- Promoting public discussion among partners, decision makers, and other stakeholders about tobacco-related health issues and pro-tobacco influences
- Ensuring that local grantees measure and evaluate social norm change outcomes (e.g., policy adoption, increased compliance) resulting from their interventions

Chronic Disease Programs

Examples of activities to reduce the burden of tobacco-related disease include the following:

- Collaborating with related public health programs on shared goals and objectives
- Implementing community interventions that link tobacco control interventions, such as smoke-free policies with cardiovascular disease and cancer prevention programs
- Developing counter-marketing strategies to increase awareness of secondhand smoke as a trigger for asthma and an increased risk for heart attacks
- Using tobacco excise tax dollars to fund both tobacco prevention and control and chronic disease prevention and treatment

- Linking chronic disease management programs for diabetes and cardiovascular disease to the state tobacco cessation quitline
- Promoting insurance coverage for a package of preventive services, including treatment of high blood pressure, high cholesterol and tobacco use

Cessation

- Sustaining, expanding, and promoting the services available through population-based counseling and treatment programs, such as cessation quitlines
- Covering treatment for tobacco use under both public and private insurance, including individual, group, and telephone counseling and all FDA-approved medications
- Eliminating cost and other barriers to treatment for underserved populations, particularly the uninsured and populations disproportionately affected by tobacco use
- Making the health care system changes recommended by the PHS guideline

Health Communication Interventions

- Audience research to define the thematic characteristics and execution of messages and to develop campaigns that are influential, have high impact, and engage specific audiences
- Market research to not only identify the knowledge, attitudes, and behaviors of target audiences, but also the behavioral theory that best motivates specific audiences to change
- Counter-marketing surveillance to understand pro-tobacco messaging, media analysis, and marketing tactics
- Grassroots promotions, local media advocacy, event sponsorships, and other community tie-ins to support and reinforce the statewide campaign and to counter pro-tobacco influences
- Technologies such as viral marketing, social networks, personal web pages, and blogs to generate message that are disseminated by the target audience
- Process and outcome evaluation of a comprehensive communication effort as well as specific evaluation of new and innovative approaches
- Promote the Illinois Tobacco Quitline (ITQ) 1-866-Quit-YES, 1-866-784-8937

Appendix F
Budget and Budget Justification Instructions
Use of Funds

All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program. Use of grant funds for prohibited purposes may result in loss of grant award and/or place the grantee at risk for recouping of those funds used for the prohibited purpose.

To be reimbursable under the Department/Office of Health Promotion Grant Agreement, expenditures must meet the following under general criteria:

1. Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the local health department;
2. Be authorized or not prohibited under federal, state or local laws or regulations;
3. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement;
4. Be accorded consistent treatment through application of generally accepted accounting principles, appropriate to the circumstances;
5. Not be allocable to or included as a cost of any state or federally financed program in either the current or a prior period;
6. Be net of all applicable credits;
7. Be specifically identified with the provision of a direct service or program activity;
8. Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds;
9. Budget adjustments must be pre-approved and submitted on or before May 17, 2011. No budget adjustment forms will be accepted after May 17, 2011 (exceptions will be on a case-by-case basis)
10. Expenditures must be submitted monthly.

NOTE:

Grantee should prepare a budget that reflects expenses for the cited grant term (i.e., July 1, 2010 through June 30, 2011). Use whole numbers and round to the nearest dollar. Once approved, the budget will be incorporated into the grant. Using the forms provided in this packet, submit additional information or justification as required in the allowable costs list section. Specific line items listed in the detailed budget must be explained on the budget forms. If the LHD intends using several staff to meet the full time equivalent requirement of the category include their names and titles. Also if the grantee is anticipating using sub-contractors/sub-grantees, those should be listed under the "contractual" section of the budget and the grant application. For such sub-contractors and/or sub-grantees, justification should be of sufficient detail to document that the items requested are essential to the achievement of the CIP activities.

The Grantee acknowledges that they must expend funds in accordance with the budget approved by the Department, and in line with the line item categorical amounts approved in that budget. One quarter of the grant amount shall be paid upon execution. The Grantee is required to submit monthly reconciliation documentation showing how this first distribution of funds was expended. Upon documentation of first quarter expenditure, the remaining portion will be distributed on a reimbursement basis.

Reimbursement/reconciliation documentation shall be submitted to the Department on a monthly basis. If

changes in line items of the approved budget are necessary, the Grantee must submit a Budget Adjustment Request (Appendix H) in writing on approved Department forms, for approval by the ITFC staff **prior** to making any of the requested expenditure changes.

**Illinois Department of Public Health
Office of Health Promotion
Detailed RFA Budget**

Grantee Name:	
Total Funds Requested:	
Grant Fiscal Year:	FY11

A. Personnel Services Detailed Costs listed on Attachment I.	\$
B. Fringe Benefits Detailed percentages (%) must be listed on Attachment I.	\$
C. Contractual Services Detailed list of services directly attributable to the program and potential contractors must be listed on Attachment II.	\$
D. Supplies Detailed list of supplies and vendors directly attributable to the program must be listed on Attachment III.	\$
E. Travel Detailed travel requests directly attributable to the program must be listed on Attachment IV.	\$
F. Printing Detailed list of printing projects and vendors directly attributable to the program must be listed on Attachment V.	\$
G. Telecommunications Detailed list of telecommunications and vendors directly attributable to the program must be listed on Attachment VI.	\$
Total Funds Requested from IDPH	\$
G. Other Funds/In-Kind Contribution Value of funds or in-kind contributions provided by the applicant organization to support this program proposal.	\$
Total Funds Available For Program Implementation	\$

Illinois Department of Public Health
Office of Health Promotion
RFA Budget
Personnel/Fringe Benefits
Attachment 1

Position Title (As applicable to program)		Monthly Salary	% of Time Budgeted to Program	Funding Requested

Fringe Benefits				Funding Requested
Please itemize each component and provide percentage used for calculation.				

Illinois Department of Public Health
Office of Health Promotion
RFA Budget
Contractual Services
Attachment II

Name of Contractor/Service	Justification (As applicable to program)	Funding Requested
	(Complete the following for each contractor/service) Contract Period: Scope of Work: Amount of Contract: Method of Accountability:	

Note: Cost Allocation Plans are prohibited.

**Illinois Department of Public Health
Office of Health Promotion
RFA Budget
Supplies
Attachment III**

Name of Supplies/Vendor	Justification (As applicable to program)	Funding Requested

Note: Cost Allocation Plans are prohibited.

**Illinois Department of Public Health
Office of Health Promotion
RFA Budget
In-State Travel
Attachment IV**

Name of Traveler	Justification (As applicable to program)	Funding Requested

Note: Cost Allocation Plans are prohibited.

**Illinois Department of Public Health
Office of Health Promotion
RFA Budget
Printing
Attachment V**

Printing Projects	Justification (As applicable to program)	Funding Requested

Note: Cost Allocation Plans are prohibited.

**Illinois Department of Public Health
Office of Health Promotion
RFA Budget
Telecommunications
Attachment VI**

Telecommunications	Justification (As applicable to program)	Funding Requested

Note: Cost Allocation Plans are prohibited.

Appendix F
Budget and Budget Justification Instructions
Use of Funds
Allowable costs

Examples of allowable costs are listed below. This is not meant to be a complete list, but rather specific examples of items within each line item category. In some instances the definitions of what is allowable or non-allowable have been modified to reflect the unique nature of the ITFC program.

Personal Services:

- Gross salaries paid to agency employees directly involved in the provision of program services. All salaries to be provided as in-kind need to be documented and noted on the budget sheet as such.
- Employer's portion of fringe benefits actually paid on behalf of direct services employees; examples include FICA (social security), life/health insurance, Workers Compensation insurance, Unemployment insurance and pension/retirement benefits.

Contractual Services:

1. Contractual employees (requires prior program approval);
2. Postage, postal services, overnight mailing, or other carrier costs;
3. Software for support of program objectives (this expense must be requested as a prior approval item in the budget submission. This expense requires substantive documentation before approval will be granted);
4. Training and education costs (this expense must be requested as a prior approval item in the budget submission. This expense requires substantive documentation as to its relevance to the work plan before approval will be granted);
5. Photocopies (if paid for at a Kinko's, etc. list number of copies and costs. If charged by copy on a leased photocopy machine list cost per actual copy);
6. Telecommunications: Allowable charges are monthly telephone service costs for land lines and installation, repair, parts and maintenance of telephones and other communication equipment;
7. Note: Payments (or pass-through) to subcontractors or sub grantees are to be shown in the Contractual Services section - all subcontracts or sub grants require an attached detail line item budget supporting the contractual amount;
8. Printing: Any printing job (e.g. Letterpress, offset printing, binding, lithographing services) must be requested as a prior approval item in the budget submission. This expense requires substantive documentation as to its relevance to the work plan before approval will be granted). The cost of the printing may not exceed \$ 1,000 or 5% of the total budget whichever is less.

Travel (NOTE: Current plans call for four required regional meetings during FY2011).

1. Auto travel mileage at no higher than \$0.50 - state rate as of July 1, 2010.
2. Rail transportation expenses
3. Lodging (Rate must be in accordance with Illinois Travel Control Board rates or reasoning must be provided before approval to pay will be made. Current lodging rates are: \$140.00 in city of

Chicago, \$80.00 in suburban collar counties surrounding Cook county, and \$70.00 for remainder of state.

4. Per diem (must comply with State rate of \$7.00 per quarter for overnight travel or travel beginning before 6:00 a.m. or ending after 7:00 p.m.).

Supplies

1. Office supplies
2. Nicotine replacement therapy (NRT) supplies
3. Educational and instructional materials and supplies, including booklets and reprinted pamphlets (budget narrative must describe the connection between purchase of these materials and approved work plan before it will be approved.
4. Paper supplies
5. Envelopes, letterhead, etc.

Appendix F

Budget and Budget Justification Instructions

Use of Funds

Unallowable costs list

Unallowable or prohibited uses of grant funds include, but are not limited, to the following:

1. Indirect or administrative cost plan allocations (normally expressed as a percentage of the grant):
2. Normal daily operating expenses may not be billed in any grant issued by the Office of Health Promotion, including staff directly related to the daily operational needs of the local health department.
3. Political or religious purposes
4. Contributions or donations
5. Incentives
6. Fund raising or legislative lobbying expenses
7. Payment of bad or non-program related debts, fines, or penalties
8. Contribution to a contingency fund or provision for unforeseen events
9. Food, alcoholic beverages, gratuities, or entertainment
10. Membership fees
11. Interest or financial payments or other fines or penalties
12. Purchase or improvement of land or purchase, improvement or construction of a building
13. Lease of facility space (unless approved by Department. NOTE: Such requests are prior approval and MUST be in writing, MUST provide substantial documentation as to why the request is necessary, and MUST not total more than 5% of total award budget.)
14. Any expenditure that may create conflict of interest or the perception of impropriety
15. Audit expenses
16. Equipment

Addition unallowable costs resulting from budget constraints and limited resources available for this Program, include but are not limited to the following:

1. Conference registration fees (including registration fees to attend or exhibit at events that can be defined as fundraisers)
2. Exhibit fees
3. Subscription costs
4. Association dues
5. Expenses for credentialing (e.g CHES certification)
6. Airfare
7. Out-of-state travel costs

**Appendix G
PERSONNEL AND DUTIES LIST**

Name & Title: Telephone: E-mail:	Hours per Week for ITFC: Duties/Estimated Percentage of Time Spent:
Name & Title: Telephone: E-mail:	Hours per Week for ITFC: Duties/Estimated Percentage of Time Spent:
Name & Title: Telephone: E-mail:	Hours per Week for ITFC: Duties/Estimated Percentage of Time Spent:
Name & Title: Telephone: E-mail:	Hours per Week for ITFC: Duties/Estimated Percentage of Time Spent:
Name & Title: Telephone: E-mail:	Hours per Week for ITFC: Duties/Estimated Percentage of Time Spent:

State of Illinois
DEPARTMENT OF PUBLIC HEALTH
Office of Health Promotion

Instructions for Completing the BUDGET ADJUSTMENT REQUEST Form

- Revision #: Fill in the revision number for this program within this grant.
- Provider/Vendor: Fill in agency name as it appears in the Agreement.
- TIN: Fill in the Taxpayer Identification Number as it appears in the Agreement.
- Program: Fill in the program name as stated on the Agreement program attachment.
- Contract #: Fill in the Department Agreement contract number which is located in the upper right hand corner of page one of the Agreement.
- Current Budget: Fill in the amounts by line item for EACH line of the current, approved budget for this program. The TOTAL must agree with the amount of the award as originally stated or as previously amended.
- Change Requested: Fill in the amount of the requested adjustments for each appropriate line item (decreases are to be shown in parentheses). The total of the Change Requested column will be zero, unless the Budget Adjustment Request is submitted in support of an amendment which increases (or decreases) the award amount, in which case the total will be amount of the increase (or decrease).
- Revised Budget: Fill in the adjusted amount for each line item. If there is no change to a line item, fill in the original amount for that line item. The total of the Revised Budget column must agree with the total amount of the award for the program as stated in the original Agreement or the most recent amendment for this program.
- Justification: Provide a detailed description/justification for the revisions requested. This justification shall include the programmatic rationale for the change. Attach additional sheets if needed.
- For the Provider/
Vendor: Signed and dated by an authorized official of the Provider/Vendor.
- Submit to: Gail DeVito, Tobacco Program Manager
Illinois Department of Public Health
535 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761
- Or fax to 217-782-1235

The request will be forwarded to the appropriate program staff for review. After staff review, the request will be signed and dated by an authorized program staff person indicating Departmental approval or explaining reason(s) for denial. A written copy of the approved revision and/or the denial will be provided to the grantee.

(DPH/OHPm Budget Adjustment - 7/09)