**Community Engagement Activity 2021 Application Cover Sheet**

|  |  |
| --- | --- |
| **Organization Name** | **Project Name**  |
|  |  |
| **Primary Contact Name** | **Primary Contact Title** |
|  |  |
| **Primary Contact Phone** | **Primary Contact Email** |
|  |  |
| **Organization Street Address** | **Organization City/State/Zip** |
|  |  |
| **Organization Website** | **Tax ID#** |
|  |  |
| **Authorized Agency Officer Name** | **Authorized Agency Officer Title** |
|  |  |
| **Total Amount Requested** | **City and Population(s) of Focus** |
|  |  |
| **Brief Description of Proposed Project** *In a few sentences describe what the funding will be used to accomplish* |
| Funding will be used to… |
| **Authorized Agency Officer Signature** | **Date** |
|  |  |

**Scope of Work Template** (No more than 1 page)

|  |  |  |
| --- | --- | --- |
| **Activity** (what activities will you implement to reach your objective?)Example: Develop or utilize an existing e-cigarette and flavored tobacco presentation. | **Who** (who will be responsible for completing each activity?) Example: Project Coordinator | **Timeline** (what is the timeline for completing each activity?)Example: July 2021 – August 2021 |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| **How will you measure your success?** |
|   |  |  |
|   |  |  |

**Budget Template** (No more than 1 page)

|  |  |  |
| --- | --- | --- |
| **Category** | **Description and Calculation** (brief description of the expense) | **Amount Requested** |
| 1. **Staff/Stipend Costs**
 |
|   |   |   |
|   |   |   |
| **Total Staff/Stipend Costs** |   |
|   |  |  |
| 1. **Operating Expenses**
 |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| **Total Operating Expenses** |   |
|   |  |  |
| 1. **Other Costs**
 |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| **Total Other Costs** |   |
|   |  |  |
| **Total Amount Requested** (total costs for A+B+C) |  |

**Sample Budget** (Not necessary to include in your application submission)

|  |  |  |
| --- | --- | --- |
| **Category** | **Description and Calculation** (brief description of the expense) | **Amount Requested** |
| 1. **Staff/Stipend Costs** (include position title, brief description of responsibilities, and calculation)
 |
| Project Coordinator | Responsible for developing or utilizing an existing tobacco prevention presentation, conducting the presentation, and administering the evaluation survey. $40/hour x 50 project hours = $2,000 | $2,000 |
| Program Manager | Responsible for overseeing the award, and approving program changes. $65/hour x 25 project hours = $1,625 | $1,625 |
|   |   |   |
| **Total Staff/Stipend Costs** | $3,625 |
|   |  |  |
| 1. **Operating Expenses**
 |
| Postage | $0.55 x 50 letters | $27.50 |
| Envelopes | 1 box @ 10.50 | $10.50 |
| Printing | 1 ream of paper @ $5.00 and ink @ $35.00 | $40.00 |
|   |   |   |
| **Total Operating Expenses** | $78.00 |
|   |  |  |
| 1. **Other Costs** (cost for each item and calculation (if applicable))
 |
| Incentives | $10 merchandise cards x 50 participants | $500 |
| Educational materials  | Tobacco prevention postcards  | $100 |
|   |   |   |
| **Total Other Costs** | $600.00 |
|   |  |  |
| **Total Amount Requested** (total costs for A+B+C) | $4,303.00 |

**Certification of No Conflict of Interest with Commercial Tobacco, Electronic Cigarette, or Cannabis Industries**

[Name of Applicant (Organization)]

The applicant named above hereby certifies that it will not accept funding from nor have an affiliation, contractual relationship, or engage in a corporate responsibility program with a commercial tobacco, electronic cigarette, or cannabis company, any of its subsidiaries, or any company involved in the production, distribution or marketing or commercial tobacco and electronic cigarette products, cannabis products, and related industries during the term of the agreement with the Santa Clara County Public Health Department Tobacco-Free Communities Program.

Applicants are required to sign and submit the “Certification of Non-Acceptance of Tobacco Funds” form as part of the Agreement. Violation of this policy during the term of the contract may result in termination of the contract.

Certification

I, the official named below, hereby swear that I am duly authorized to legally bind the applicant to the certification described above. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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Print Name and Title