



Youth Action Project Grant Application

Group Name/ Organization: _____

Address: _____ City: _____ State: _____

Youth Leader(s): _____

Email: _____

Phone: _____ (Cell or Home) If cell, can you text? Y/N

Adult Leader: * _____

Phone: _____ Email: _____

Brief description of your organization/group

Brief description of tobacco related issue(s) you want to explore

Applicant Checklist

- Budget is completed and attached
- County of Santa Clara Media Release Form
- We understand that not all applications will be approved.
- We understand that, if selected, half of the funding will be disbursed upfront and the remaining half upon completion of the project. You will need to save records of expenses (i.e. receipts). Up to \$3,500 for your youth group to create a project!

Youth Leader Signature Date Adult Leader Signature Date

*Successful applicants will be notified in June 15, 2021 by email.

Completed applications must be emailed or postmarked by May 31, 2021. Please submit applications by emailing:
tobaccoprevention@phd.sccgov.org Subject: Amplify Your Voice- [Agency/Group Name]

The Action Plan

Ready... What is your project? (Description of your project)

Set... How are you going to do it? (Describe your plans, activities, process)

The Action Plan (cont.)

Success...

If it all works out, then what will be different in your school or community?

Resources...

Brainstorm all the things or people that will help you do your project.

How will you get your resources?

Challenges...

Brainstorm all the things or people that stand in the way of doing your project.

How can you overcome your challenges? Who can help you?

Budget

- Budget justification must be turned in along with your completed application.
- This **Sample Budget** is only an example that can be used as a guideline for categorizing your budget.
- Please categorize your expenses using the 10 categories provided (using only as many as you need) and provide an explanation for expenses in each category.

10 Categories

- | | | |
|--------------------------|--------------------------------------|--------------|
| 1. Supplies | 6. Equipment Rental | 11. Stipends |
| 2. Printing/Duplication | 7. Consultant | |
| 3. Postage | 8. Travel | |
| 4. Educational Materials | 9. Training | |
| 5. Promotional Materials | 10. List in-kind (donations) if any. | |

NOTE:

- Grant **CANNOT** pay for personnel, benefits, or overhead expenses but may cover consultant expenses
- Equipment rental is allowed (equipment purchase or leasing will NOT be covered, except for items under \$25 each.)
- Stipends allowed for youth's participation in the project.

Sample Budget:

Items:

1. Supplies Camera(s) xxxxxx@ \$xxx.xx	Total: \$200.00
2. Printing/Duplication 100 pictures developed 200 flyers printed	\$300.00
3. Educational Materials Smoking brochures- 100 copies @ \$0.50 each	\$50.00
4. Equipment Rental Video equipment - 2 day use @ \$75.00 per day	\$150.00
5. Travel Gas mileage for community mapping	\$150.00
6. Incentive items T-shirts with smoke-free message 20 t-shirts @ \$5.00 each	\$100.00

Total Budget Requested: \$950.00

State-wide Guidelines for Incentives

Incentives

- Purpose: to encourage or motivate participants to partake in healthy behaviors, activities or become involved. Recipients **MUST** do something for the incentive—volunteer, create artwork or writing, etc.
 - Allowed: gift cards for books, iTunes, food, healthy food outlets, arts and crafts, t-shirts, stipends etc.
 - Prohibited: cash, merchandise cards that can be used to purchase tobacco, nicotine products, alcohol, and/or cannabis.
- **All incentives given to one individual, when added together, cannot have a value over \$50 per year.** Example: If one receives a shirt worth \$10, and food during the project totaling \$20, all other items cannot equal more than \$20. Incentives must tie to the MOU and to the goal of the Youth Action Project. Your
- Application must describe what a recipient will do for the incentive.

Tracking

- A log must be kept that includes each recipient's name, incentive item, date, and value.
- At the conclusion of the project, left-over incentives (e.g., merchandise cards that were not distributed) must be returned to Breathe California unless approved for future use (with report).

Final note:

If you created designs for stickers, mugs, pens, pencils, notebooks, etc., please understand that you must include a message that says: "Sponsored by Breathe California and Santa Clara County Department of Public Health".

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Budget Worksheet

Budget:

Items:

Cost:

1.

\$

2.

\$

3.

\$

4.

\$

5.

\$

6.

\$

7.

\$

8.

\$

9.

\$

10.

\$

Total Budget Requested: \$

Upfront amount requested: _____



**CONSENT TO PHOTOGRAPH AND RECORD AND AUTHORIZATION
FOR USE AND DISCLOSURE FOR MINORS**



I agree that my child(ren) can be photographed, audio recorded, and/or video recorded. I authorize the County of Santa Clara ("County") and its employees, agents, and/or contractors to take and use my child(ren)'s voice, photograph, likeness, statements, and/or associated name in print, digital, or any other format. I understand that my decision to provide or refuse consent will not affect my or my child(ren)'s ability to participate in any County events or programs.

Neither I nor my child(ren) are being paid, and I understand that the County will own these photos and/or recordings. It is OK with me that you use these photos and/or recordings of my child(ren) on the internet or in other places. I am the parent or legal guardian of the child(ren) listed below and I waive any and all rights which I or my child(ren) may have in the photos and/or recordings authorized above, including, but not limited to, rights regarding ownership, publicity, privacy, and compensation. I agree that these photos and/or recordings are the exclusive property of the County. I agree that the County shall have the right to duplicate, reproduce, sell, and make other uses of such photos or recordings at the County's sole discretion, including but not limited to use in County web pages, newsletters, press releases, or social media sites. The County may share the photos or recordings with community partners for their use in publications as well. I agree to release and hold harmless the County and its employees, agents, and/or contractors from any liability resulting from, or attributable to, the taking or use of these photos and/or recordings.

If I change my mind, I will let you know. I understand that I may terminate this consent before or during the taking of my child(ren)'s photo and/or recording. I also understand that, after the taking of my child(ren)'s photo and/or recording, any request to terminate my consent must be in writing, signed by me, and provided to the County of Santa Clara Public Health Department at 976 Lenzen Ave., San Jose, CA 95126. I also understand that my consent will be terminated only if compliance with that request is not unreasonably burdensome to the County or unlawful. Finally, I understand that a request to terminate this consent will not affect any use of my child(ren)'s photo and/or recording by the County before I notify the County of my request to terminate consent.

Print Name(s) of Child(ren)

Print Parent or Legal Guardian's Name

Sign Parent or Legal Guardian's Name

Date