

## Attachment A-1

### Application Narrative Instructions - COLLABORATIVE Tobacco Cessation Resource Project

Application Date:											
Date of Grant Period	January 12, 2018 – June 30, 2018										
Federal ID #											
Organization name associated with Federal ID #											
Organization Address associated with Federal ID #											
SAP Vendor #											
Applicant Organization Name and Address if different from above											
Name, title, phone and email of Contact most knowledgeable about project											
Name, title, phone and email of Applicant Fiscal Contact											
Type of Organization	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Community Group/Coalition</td> <td><input type="checkbox"/> Social/Human Service Agency</td> </tr> <tr> <td><input type="checkbox"/> Healthcare Organization</td> <td><input type="checkbox"/> Minority Group</td> </tr> <tr> <td><input type="checkbox"/> Patient Advocate</td> <td><input type="checkbox"/> Medical Provider</td> </tr> <tr> <td><input type="checkbox"/> Education Provider</td> <td><input type="checkbox"/> School/College/University</td> </tr> <tr> <td><input type="checkbox"/> Faith-based Organization</td> <td><input type="checkbox"/> Other: _____ _____</td> </tr> </table>	<input type="checkbox"/> Community Group/Coalition	<input type="checkbox"/> Social/Human Service Agency	<input type="checkbox"/> Healthcare Organization	<input type="checkbox"/> Minority Group	<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Medical Provider	<input type="checkbox"/> Education Provider	<input type="checkbox"/> School/College/University	<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Other: _____ _____
<input type="checkbox"/> Community Group/Coalition	<input type="checkbox"/> Social/Human Service Agency										
<input type="checkbox"/> Healthcare Organization	<input type="checkbox"/> Minority Group										
<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Medical Provider										
<input type="checkbox"/> Education Provider	<input type="checkbox"/> School/College/University										
<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Other: _____ _____										

**Please list collaborative partner organization(s):**

- 1.
  
- 2.

**Note: This page does not count as part of the 6-page narrative**

## Attachment A-1 Application Narrative Instructions - COLLABORATIVE Tobacco Cessation Resource Project

**Instructions:** The narrative response must be limited to no more than 6 numbered pages, single-spaced, printed on one side of the page, using 10 point unreduced Arial font on 8.5" by 11" paper with one inch margins. A template for completion of the narrative is provided as a Word document (see SUBMISSION DOCUMENT Application Narrative Template – COLLABORATIVE).

Collaborative Tobacco Cessation Resource Project is limited to a maximum of three individual organizations, groups, and/or businesses. Each participant of the collaborative is required to submit a proposal.

### **A. Applicant's Organization**

Describe your organization, group or business including its purpose or mission and relevance to the community. Include experience in tobacco prevention and control programs or other chronic disease or public health programs. Identify each organization, group, and/or business that will be part of the collaboration, including a summary of the roles and responsibilities of the project, and how the collaboration will benefit the project.

### **B. Tobacco Cessation Resource Project Summary**

1. Provide a description of the proposed project including how the project will connect community members and/or employees to tobacco cessation resources through the promotion of the PA Free Quitline or referrals to the PA Free Quitline.
2. Describe community outreach, direct service and/or capacity building/training activities
3. Describe the population(s) you plan to reach with your proposed activities. Describe both the direct beneficiaries and the indirect beneficiaries. State whether the direct beneficiaries are (a) your own staff, (b) the public or (c) others. For example, are you targeting staff members from a healthcare organization to implement a referral system for PA Free Quitline services (direct beneficiaries) to assist in reducing tobacco use in their patient population (secondary beneficiaries)? Where appropriate identify targeted disparate populations.
4. Include a summary about the identified tobacco use burden (specific problems/barriers that impact the targeted disparate populations) that the project will address, and describe the services or activities that will be developed and implemented to address the problems and overcome the barriers.
5. Describe the media concept for your project, if applicable (e.g. billboards, radio, TV, media event, flyers, distribution of materials, etc.). The CDC [Tips from Former Smokers Campaign \(Tips\)](#) has images and media free of charge for download that promote 1-800-QUITNOW. The campaign [download center](#) offers print, digital and other media for download at no cost.
6. Include a summary of timelines for completion, expected outcomes and what data will be used to measure the project outcomes

### **C. Project Evaluation**

Applications are required to include an evaluation component. Proposals without an evaluation component will be returned. For purposes of this funding short-term and intermediate process and outcome evaluation will be required.

#### **Overview of Process and Outcome Evaluation**

**Process Evaluation** determines whether program activities have been implemented as intended and resulted in certain outputs. You may conduct process evaluation periodically throughout the project. Results of a process evaluation will strengthen your ability to report on your program and use information to improve future activities. It allows you to track program information related to Who, What, When and Where questions:

## Attachment A-1

### Application Narrative Instructions - COLLABORATIVE Tobacco Cessation Resource Project

Examples:

- To whom did you direct program efforts?
- What has your program done?
- When did your program activities take place?
- Where did your program activities take place?
- What are the barriers/facilitators to implementation of program activities?

**Outcome Evaluation** measures program effects in the target population by assessing the progress in the outcomes that the project is to address. Some questions you may address with an outcome evaluation include:

- How many people were referred to the PA Free Quitline?
- How many people enrolled in PA Free Quitline services?
- How many people were trained to provide referrals to the PA Free Quitline?
- Were providers who received training more likely to effectively counsel, screen and treat patients than those who did not?
- Did the implementation of counseling in community-based organizations result in changes in knowledge, attitudes, and skills among the members of the target population?
- Did the program have any unintended (beneficial or adverse) effects on the target population(s)?
- Do the benefits of the activity justify a continued allocation of resources?

**Narrative response must include the following:**

- Describe the process evaluation components you will implement based on your project activities, how frequently you will review, how you will utilize the information during the project, and how you will use the information in your final evaluation.
- Describe the outcome evaluation components you will implement based on your project activities, how frequently you will review, how you will utilize the information during the project, and how you will use the information in your final evaluation.