Tobacco Mini Grant

Application

Instructions: Fill in each box, if not applicable, write N/A. 3-page limit. Minimum font size: 10 point. You may apply for up to 2 events/activities, if you do this, please separate by event/activity titles in each box. Email completed applications to [rae.oleary@mbiri.com](mailto:rae.oleary@mbiri.com) by November 1, 2021 with the subject line “Tobacco Mini Grant Application”. Refer to [www.findyourpowersd.com/toolkit](http://www.findyourpowersd.com/toolkit) for ideas and support. Contact Rae at [rae.oleary@mbiri.com](mailto:rae.oleary@mbiri.com) or 605-964-1260 with questions.

Organization/Tribe/Fiscal Sponsor Applying: Contact person:

Phone: Email: Address:

Note: Traditional Tobacco (Ċanśaśa) is the cuttings or shavings of plants in their natural form such as red willow bark, sage, and sweet grass; it has no additives and is used for medicinal purposes, ceremony, prayer, and social gatherings. Commercial Tobacco is any item made of tobacco intended for human consumption, including cigarettes, cigars, pipe tobacco, smokeless tobacco, and e-cigarettes.

# EVENTS/ACTIVITIES

|  |  |
| --- | --- |
| What will you do? |  |
| Activity goal (select all that apply, minimum of 1) | \_\_\_\_\_\_ Prevent commercial tobacco use among youth and young adults  \_\_\_\_\_\_ Promote quitting of commercial tobacco products  \_\_\_\_\_\_ Eliminate exposure to secondhand smoke or vape  \_\_\_\_\_\_ Revitalize the use of traditional tobacco |
| Who will be impacted? (describe the community and population you will reach) |  |
| What resources, guides, or facts will be used to support your goal(s)? |  |

# Planning

|  |  |
| --- | --- |
| Who will be involved? (describe the people and partners that will provide support and their capacity to be successful) |  |
| When and where will the event/activity take place? |  |
| Steps:  (include deadlines when appropriate) | 1.  2.  3.  4.  5. |

# Media plan (photos are required)

|  |  |
| --- | --- |
| Before the event/activity  How will you inform people about your event/activity? |  |
| After the event/activity  How will you share the results of your event/activity? |  |

# budget

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| --- | --- |
| Describe items needed (ex. salary for staff, prizes, participant incentives, mileage, supplies, printing, rent, consultant fees, etc.) | Est. cost |
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| TOTAL COST | $ |