



RHODE ISLAND DEPARTMENT OF HEALTH TOBACCO FREE SCHOOLS MINI GRANT

Mini Grant Opportunity

The Rhode Island Department of Health Tobacco Control Program (RITCP) is offering mini-grants of **up to \$4,000** to Rhode Island middle schools and high schools that would like to strengthen their existing smoke-free school policy and that are not currently utilizing an alternative to suspension or citation program. Preference will be given to applications that document a capacity to transition to a 100% tobacco-free campus, inclusive of all electronic nicotine delivery systems (ENDS) products (e.g., e-cigarettes, vaping devices) as well as implement an alternative to suspension or citation program in response to student(s) in violation of the tobacco-free campus policies, within the mini-grant time frame.

These mini grants seek to help Rhode Island middle schools and high schools to transition from their existing smoke-free school policy to the more comprehensive model policy, the Rhode Island Tobacco-Free Schools Campus Model Policy, which will help to decrease tobacco related disparities, and in doing so, increase positive behavior change among Rhode Island's youth.

The model policy referred to throughout this document has expanded to include the T21 law, smokeless tobacco products and all electronic nicotine delivery systems or e-cigarettes. Additionally, the model policy outlines an alternative to suspension or citation program to address violations using less punitive, more restorative measures. Replacing smoke free policies with an updated tobacco free policy will help to create a healthier, more supportive environment for students unfairly targeted by the tobacco industry.

The purpose of this mini grant funding is to raise awareness of the positive public health perspective alternative to suspension programs have in the overall well-being of youth. Replacing punitive measures with educational opportunities will inform students on the facts surrounding nicotine dependence as well as create a more encouraging school atmosphere that will allow students to feel a greater connection to the school community rather than the sense of seclusion produced by suspension. Suspension can contribute to negative educational and mental health outcomes, and it increases the likelihood of youth tobacco use.

Awardees will choose 2 qualified staff members to participate in 2 self-paced on-line facilitator training programs created by the American Lung Association, implement the alternative to suspension program, INDEPTH, share cessation resources with students and parents, and increase tobacco free campus signage posted on school grounds. A ready-to-use drop in tobacco free schools model policy has been included and is a recommended resource that outlines implementation of alternative to suspension programming.

The RITCP will award **up to 3** mini grants for **up to \$4,000.00 each**. Submissions should not exceed four (4) pages. Applicants must score at least sixty (60) of the one hundred (100) points to remain eligible to receive an award. One application per agency will be reviewed. The Tobacco Free Schools mini grant award period will begin immediately after grant award and **will end April 20, 2024**.

Mini grant activities must be completed by April 20, 2024. A final summary report, project deliverables, and project invoices are due within thirty (30) days of the grant end date. The RITCP will provide all Awardees with a project summary and invoice template. The final report must be completed in its entirety prior to receiving reimbursement for grant-related expenses.

Please note:

Due to federal budget restrictions, mini grant funds may not be used for the purchase of food or beverages.



To apply:

Please submit the following fully completed documents to Jillian Angell no later than **5 p.m. on Tuesday, October 31, 2023**

1. Mini-Grant Cover Form
2. Scope of Work and Budget with a Budget Narrative
3. Signed W-9 to ensure timely processing of grant award

Mini-grant applications may be submitted electronically or through postal service. Applications submitted electronically should be emailed to Jillian.Angell@health.ri.gov prior to the application deadline, **Tuesday, October 31, 2023**. Please include “**Tobacco Free Schools Mini-Grant Application**” in the subject line.

Applications submitted by mail must be post-marked by the application deadline, **Tuesday, October 31, 2023**, and should be mailed to:

Tobacco Free Schools
c/o Jillian Angell, Youth and Young Adults Coordinator
Rhode Island Department of Health
Tobacco Control Program
3 Capitol Hill, Room 408
Providence, RI 02908



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Scope of Work Overview

- At least 2 school personnel will attend the American Lung Association's self-paced on-line facilitator trainings for the alternative to suspension program, INDEPTH, and the cessation program, Not-On-Tobacco (N-O-T).
 - ♦ Completion of the N-O-T and INDEPTH facilitator trainings by at least 2 school personnel, prior to the grant end date of April 20, 2024, are required components of this funding.
 - ♦ Suggested personnel include Student Assistant Counselors, guidance counselors, nurses, health educators, any educators that teach prevention or have the capacity to implement and facilitate the INDEPTH program within their school.
- These staff members will implement and facilitate the INDEPTH and N-O-T program within their school.
 - ♦ **Implementation of the INDEPTH program is a required component of this funding**, however, implementation of the N-O-T program is **not** a required component of this funding and will be left to the discretion of school administration.
- Share My Life My Quit resources with students, their families, and school faculty (see additional information in the following pages on this quit program).
 - ♦ Suggested locations include student bathrooms, inside of bathroom stalls, cafeterias, gymnasiums, hallways, and any other student frequented areas throughout school campus.
 - ♦ Flyers and business cards should be made readily available.
- Post Tobacco-Free Campus signage throughout campus property, including entry and exit ways.

Not-On-Tobacco

- There is a \$400 cost associated with the N-O-T Facilitator Training for each facilitator, which should be paid for using mini grant funds (Cost is \$800 for 2 school personnel).
- School personnel identified to participate in these trainings are required to complete the facilitator trainings prior to the grant end date of April 20, 2024.
- The N-O-T program will be implemented at the discretion of school administration.
- The N-O-T facilitator training includes the INDEPTH facilitator training. By registering for N-O-T, the identified staff will be registered for INDEPTH by default.
- The N-O-T and INDEPTH trainings are completed online and are on-demand, self-paced courses which will take approximately 5 hours to complete.
- Upon completion of the course, facilitators will receive:
 - ♦ 3-year facilitator certification
 - ♦ Facilitator curriculum and participant workbook to print on demand
 - ♦ Bi-annual nationwide N-O-T Facilitator technical assistance webinars on emerging tobacco trends
 - ♦ Recertification training webinars for 3-year renewal for those who implement at least one program during their certification period
- Both Certificates of program completion for each participant should be emailed to Jillian.Angell@health.ri.gov upon completion.



INDEPTH

- The facilitated program outline can be viewed [here](#).
- There is no additional cost for the INDEPTH facilitator training, as it is included with the N-O-T facilitator training purchase of \$400 per facilitator (Cost is \$800 for 2 school personnel).
- Identified school personnel (min.2) are required to complete the facilitator trainings prior to the grant end date of April 20, 2024.
- Identified school personnel (min.2) are required to implement the INDEPTH program prior to the grant end date of April 20, 2024.
- This self-paced, on-demand online facilitator training will take identified school personnel approximately 5 hours to complete in conjunction with the N-O-T facilitator training courses.

Register for N-O-T and INDEPTH Facilitator Training

- Click on the above link, then choose “Group Purchase” to complete registration.

Rhode Island Tobacco-Free Schools Campus Model Policy

- The ready-to-use, drop-in model policy can be found in the link above, on the [Tobacco Free Rhode Island website](#) and attached to this application for review.
- This policy has expanded beyond Smoke-Free Schools policies to include the [T21 law](#), as well as electronic nicotine delivery systems (ENDS), also referred to as e-cigarettes or vapes.
- The Rhode Island Tobacco-Free Schools Campus Model Policy outlines implementation of alternative to suspension or citation program and includes the implementation of the INDEPTH program, as well as 2 other alternative options that will allow school administration necessary flexibility and discretion.
- This model policy may be adapted to suit the needs of a district or individual school.
- Policy adoption and implementation are highly encouraged but not required components of this funding.

Tobacco Free Campus Signage

- [English](#)
- [Spanish](#)
- Tobacco free campus signage is available in English and Spanish and will be provided at no cost to awardee to post throughout campus grounds.

My Life My Quit

- My Life My Quit is free, confidential, and evidence-based help for youth ready to quit nicotine. This program offers trained tobacco treatment specialists, to provide real-time counseling by phone, text, or webchat.
 - ♦ Phone – 855-891-9989
 - ♦ Text – “Start” to 36072
 - ♦ Chat – www.MyLifeMyQuit.com
 - ♦ Free promotional and educational resources for schools, parents, and healthcare providers are available online at www.MyLifeMyQuit.com or by contacting the Rhode Island Department of Health Tobacco Control Program’s Youth and Young Adults Coordinator: Jillian.Angell@health.ri.gov
- Resources will be provided to awardees at no cost for distribution.
- Additional My Life My Quit resources, after initial distribution, may be ordered [here](#) or by contacting Jillian.Angell@health.ri.gov .



Additional Resources:

- [FDA's guidance on safe disposal of e-cigarettes and e-liquid waste](#)
- [Public Health Law Center's Addressing Student Tobacco Use in Schools](#)
- [Read](#) Rhode Island General Law (RIGL) 23-20.9-4: Smoking in Schools, Definitions
- [Read](#) Rhode Island General Law (RIGL) 23-20.9-5: Smoking in Schools, Regulation of smoking in schools
- [Tobacco Free Rhode Island](#): Product specific education and school curricula
- [American Lung Association](#): A variety of downloadable one-pagers are available in English and Spanish
- [American Heart Association](#): How to Keep Kids and Teens from Smoking and Vaping
- [Rhode Island Department of Health Tobacco Control Program](#)

By April 20, 2024, Tobacco Free Schools awardees will have:

- At least 2 school personnel members successfully complete the INDEPTH facilitator training.
- At least 2 school personnel members successfully complete the Not-On-Tobacco facilitator training.
- Have used restorative approaches to replace punitive measures with educational and behavior changing opportunities in addressing student tobacco use on campus by implementing the alternative to suspension program, INDEPTH.
- Have tobacco-free campus signage posted visibly throughout campus property.
- Have posted the youth cessation program, My Life My Quit, posters and flyers in areas frequented by students.
- Have made youth cessation resource materials available to students, staff, and families.



**RHODE ISLAND DEPARTMENT OF HEALTH
TOBACCO FREE SCHOOLS MINI GRANT**

Mini Grant Cover Form

Organization Name:		
Street Address:		
City/Town:	State: Rhode Island	Zip:
Organization Director Name:	Phone Number and Extension:	Email:
Organization Fiscal Contact Name:	Phone Number and Extension:	Email:
Project Contact Name:	Phone Number and Extension:	Email:
Federal Identification Number/FEIN:	Amount Requested:	

Authorized Signature

Title

Date

By signing this form, I state that, to the best of my knowledge that all information in this Mini Grant Proposal is true and correct.

Applicants must submit the Mini-Grant Cover Form, Scope of Work with Budget/Budget Narrative Form, and a signed W-9 Form. The Mini-Grant Scope of Work/Budget Form can be submitted on a Word Document following the same format. Proposals should not exceed four (4) pages including the W9 form.



SCOPE OF WORK & BUDGET NARRATIVE SCORE FORM

Instructions: Complete sections I-IV using this template or a Word Document following this format.

SECTION I – AGENCY CAPACITY - (20 points)

Describe agency mission and fiscal capacity/structure to coordinate and manage grant funding. (1 paragraph)

SECTION II – PROJECT OVERSIGHT - (20 points)

Describe who (i.e. names with titles and role within grant deliverables) will oversee the completion of grant deliverables, successfully complete facilitator trainings, coordinate implementation of model policy and alternative to suspension programming. Add or delete rows as needed. (1 paragraph)

Personnel Name:	Title:	Activity/Deliverable Responsible for:

SECTION III – SCOPE OF WORK - (30 points)

Provide a detailed summary, including anticipated timelines of proposed methods for project completion. Include any additional anticipated activities or events.



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SECTION IV – BUDGET & BUDGET NARRATIVE - (30 points)

Mini Grant Budget Period: Notice of Award-April 2024

Indicate the dollar amount requested and provide a clear break-down of each cost. **The budget may not exceed \$4,000. Printed My Life My Quit Resources and Tobacco Free Campus Signage will be provided by the Rhode Island Department of Health, at no cost, to the awardee.** However, with RIDOH approval, schools may choose to purchase additional promotional items, merchandise, or educational materials to be more inclusive of their school population, at their discretion, using the My Life My Quit branding.

Personnel: Include first and last name(s), title(s), hourly rate, numbers of hours, total requested (if using funds toward salary). Add/delete rows as needed.

Personnel Name: (first and last)	Title:	Hourly Rate:	Number of Hours:	Total Requested:

Materials: (e.g., additional printing, educational materials, etc.) Add/delete rows as needed.

Materials:	Purpose:	Anticipated Cost:

Other/Incentives: (e.g., gift cards, teen stipends, team building, promotional merchandise, etc.)

Total Amount Requested: _____