



Mini-Grant Opportunity for Smoke and Tobacco-Free Policy Summer 2021

Healthy Acadia is offering mini grants to support community partners in Hancock and Washington Counties to create smoke-free and tobacco-free policies (including marijuana and other plant-based products). The mini-grants are available in the amount of \$100-\$1,000, depending on your needs.

Who Can Apply?

Interested businesses and organizations that participate in the development, adoption and implementation of new smoke-free or tobacco-free policies, including: 1) those who do not have an existing tobacco-free/smoke-free policy; and 2) those that already have a tobacco-free/smoke-free policy who would benefit from review, recommendations and updates.

Requirements:

Interested entities agree to partner with Healthy Acadia. Healthy Acadia will provide technical assistance and resources to develop a new or updated comprehensive tobacco-free policy. Resources include policy template, free signage, policy checklists, brochures, and other free presentations, materials and training.

Application process:

- Submit the application form, budget, partnership form and your current tobacco/smoke-free policy (if applicable) to Healthy Acadia via email at tobacco@healthyacadia.org. Questions prior to submission are welcome.
- Applications will be reviewed on a rolling basis through **September 15, 2021**.
- Applications will be reviewed and funded on a first-come, first-served basis. Once all available mini-grant funds are gone, the application process will be closed out.
- Please note: This is not a competitive process. Applications will **not** be reviewed against each other. Decisions will be based on the entity’s ability to pass a comprehensive policy and submit it to Healthy Acadia.

Mini-Grant Budget Guidance:

Mini-Grant Funding can be used for the following purposes:
1. Staff time dedicated to development and implementation of a tobacco-free policy, to include compliance with the policy as well as support in rolling out a policy
2. Necessary materials or supplies (note: funding cannot be used for nicotine replacement therapy).
3. Staff participation in training and education as needed/appropriate

Funds will be released upon submission of a comprehensive policy to Healthy Acadia. Healthy Acadia will provide guidance and review throughout the process. Funding is available through the Maine



Prevention Services initiative of the Maine CDC, Department of Health and Human Services.

Application

Business/Organization Name: _____

Primary Point of Contact (Name): _____

Email: _____ Phone: _____

Business/Organization Address: _____

City: _____ State: _____ Zip: _____

- 1) Does your business/organization currently have a smoke/tobacco free policy?
 Yes No
- 2) If yes, does your policy include electronic/vaping devices?
 Yes No Maybe/Unsure
- 3) If yes, does your policy include marijuana or other plant products?
 Yes No Maybe/Unsure
- 4) If no, would you like to include marijuana or other plant products in your policy?
 Yes No Maybe/Unsure
- 5) Do you currently have smoke/tobacco free signage at your buildings and grounds?
 Yes No
- 6) What does your business/organization/school hope to accomplish with the mini-grant? (Use as much space as needed.)

Budget Form. Please identify breakdown of expenses in as much detail as possible (e.g. payroll costs, equipment, material & supplies, etc.). (Add additional rows as needed.)

Request	Brief Description of Need	Cost
Total		

Partnership Form

Funded through the Maine CDC's Maine Prevention Services initiative, District Tobacco Prevention Partners (DTPP) and Substance Prevention Partners (SUPS) can assist in creating, revising and implementing tobacco and smoke free policies (including marijuana and other plant-based products) that meet and exceed Maine law. The policies and available support feature best practice communication, compliance and enforcement mechanisms. In addition, your local DTPP can provide education and training opportunities for staff and member of the public on tobacco use prevention and treatment options.

Name of Organization: _____

Location of Organization: _____

Select the category that best represents your entity:

- Behavioral Health
- Higher Education (college, university, career or trade school)
- Hospital
- Healthcare
- Multi-Unit Housing
- Municipality
- Public Place (examples: land trusts, conservation organizations, beaches, etc.)
- School
- Workplace
- Youth Serving Organization (examples: child care program, YMCA, library, etc.)

Healthy Acadia will support you by (check all that apply):

- Assisting in the development of tobacco prevention, exposure and treatment goals, including ones that address the use of Electronic Nicotine Delivery Systems (ENDS).
- Reviewing and revising the organization's tobacco policy to ensure it meets and/or exceeds the state law.
- Providing recommendations for policy promotion, compliance and enforcement.
- Providing assistance with policy promotion / communication.
- Providing access to a mini-grant to support staff time, specific communication needs or other identified needs related to policy development and implementation.
- Offering staff education and training opportunities such as:
 - Electronic Nicotine Delivery Systems (ENDS) Presentations & Resources
 - Connecting to the Maine QuitLink
 - Connecting to Training & Education offerings through the MaineHealth Center for Tobacco Independence



Other: _____

Hospitals, healthcare organizations, behavioral health organizations, and higher education only:

Assistance with applying for recognition through the Gold Star Standards of Excellence Program.

Schools and YSEs only:

- Assisting in incorporating positive and restorative practices that promote alternatives to suspension and behavior change, including support for tobacco/nicotine use education.
- Offering students, staff and families’ education and training opportunities such as:
 - o Sidekicks
 - o Electronic Nicotine Devices (ENDS) Presentations & Resources

Higher Education only:

Assisting in incorporating positive practices to promote behavior change, including support for tobacco treatment.

DTPP (Healthy Acadia) Prevention Coordinator: _____ / _____ (Date)
required

Organization Representative: _____ (Signature)
required

(Printed): _____ / _____ (Title)