



UTAH ASSOCIATION of  
LOCAL HEALTH DEPARTMENTS



UTAH COUNTY  
HEALTH DEPARTMENT

# E-Cigarette, Marijuana, & Other Drug Prevention Grant Application

Funding Title: E-cigarette, Marijuana, & Other Drug Prevention Grant

Project Period: Year 1: July 1, 2025, to June 30, 2026

Due Date for Applicants: May 4, 2025

For submission of grant applications or questions please contact:

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Thank you for considering the Electronic Cigarette, Marijuana, and Other Drug Prevention Grant Program. The purpose of this grant program is to "address root causes and factors associated with the use of electronic cigarettes, marijuana, and other drugs by addressing one or more risk or protective factors. These risk and protective factors are identified in the Utah Student Health and Risk Prevention Statewide (SHARP) Survey" (Utah Code [§ 26A-1-129](#)). In accordance with Utah Code [§ 26A-1-129](#), an applicant must submit an application to the local health department that has jurisdiction over the area in which the applicant is proposing the use of grant funds.

## Information to include in grant proposal

Applicants are expected to complete all information requested in this application. Failure to provide any of these components may result in the rejection of the application. Please use the provided template to complete each section.

1. Application Cover Page
2. Community Description
3. Action Plan
4. Budget Form

## Reporting Project Progress

Grant recipients will report to the local health department as required.

- Monthly Meetings to review SMART Goal process
- **Invoices Due: 10<sup>th</sup> of each month, any documents/receipts submitted after the date may not be submitted for reimbursement.**
- Provide Quarterly Report on the 15<sup>th</sup> of October, January, April, and June.
- The last invoice must be submitted no later than **June 20<sup>th</sup>**, any documents/receipts submitted after the date will not be submitted for reimbursement.

The grant recipient shall report the following:

1. Provide accounting for the expenditure of grant funds
2. Describe measurable outcomes as a result of the expenditures
3. Provide the names of the evidence-based or promising programs selected
4. Describe the impact and effectiveness of programs and activities funded through the grant
5. Indicate the amount of grant funds remaining on the date that the report is submitted

## APPLICATION OVERVIEW

### SECTION ONE - APPLICATION COVER PAGE

The page below serves as the cover sheet for the grant proposal. Please complete the form in its entirety.

### SECTION TWO - COMMUNITY DESCRIPTION

Define the community you propose to serve. A blank table is provided in the packet.

### SECTION THREE - ACTION PLAN

Applicants need to develop and be prepared to implement a comprehensive 12-Month Action Plan. A blank template table is provided in the packet. The first column of the template contains specific details & examples of what to include.

The Action Plan should foster community-level change by including a combination of interventions, strategies, and objectives. Be sure to include the following in your plan:

1. Statement of the problem. Describe the current youth substance use problem(s) in your community you plan to address.
  - Include local data from the [Student Health and Risk Prevention \(SHARP\) survey](#) to justify your proposal. This link provides Utah data. To get local data, reach out to your local school district.
  - Identify 1-3 problems or related behaviors found in SHARP data
2. Describe the risk and/or protective factors you plan to address that contribute to and/or address this problem. For more background information on risk and protective factors, see Appendix A.
  - Include local data from the [Student Health and Risk Prevention \(SHARP\) survey](#) on the risk/protective factors you plan to address.
3. Selected Interventions
  - Interventions are programs, policies, and/or strategies that promote health and well-being.
  - Utah Code § [26A-1-129](#) states that funding shall be provided for "a program or purpose that is: (i) evidence-based; or (ii) a promising practice as defined by the United States Centers for Disease Control and Prevention." Describe and substantiate how your program or purpose is rooted in evidence or a promising practice for substance use prevention. See Appendix B for resources on identifying an evidence-based program or promising practice.
  - Applications that include interventions that are evidence-based/a promising practice will score higher.
4. Strategies for Community-Level Change
  - Your action plan should directly correlate with one or more of the Seven Strategies for Community-Level Change from the Community-based Advocacy-focused Data-driven Coalition-building Association (CADCA). Identify which of these strategies (listed below) align with each activity listed. For more information on these strategies, see Appendix D.
    - Disseminate information/education
    - Enhance individual life skills
    - Provide activities that reduce risk factors or enhance protective factors
    - Enhance community/participant access or reducing barriers to programs and strategies
    - Changing consequences by addressing incentives or disincentives
    - Implement environmental strategies to reduce risk factors and increase protective factors
    - Support modification to policies or the implementation of new policies
5. Evaluation Methods
  - How will you measure the progress of your intervention? How will the community/program participants be affected by the intervention? How does their participation in this activity address

the identified risk and protective factors?

6. Process, Short & Long-Term Objectives

- Create SMART objectives (Specific, Measurable, Attainable, Realistic, Time-bound) to describe the expected outcome of the activity; See Appendix E for assistance.

SECTION FOUR - BUDGET

Please complete the budget template provided. Include what the funding will be used for, the justification and the amount allocated to each expense. The budget justification column is used to determine the reasonableness and allowability of costs. All of the proposed costs listed must be reasonable, and necessary to accomplish project objectives, allowable in accordance with applicable Federal Cost Principles, auditable, and incurred during the project period. If a cost is related to a specific intervention include those details in the justification.

PLEASE NOTE: Proposals will be reviewed & scored by a committee based on the above requirements. Reference **Appendix F** for the scoring criteria and scoring sheet. Due to funding restrictions, even if your application is selected, you may not receive the full amount requested.

SECTION ONE - COVER PAGE

# E-cigarette, Marijuana, & Other Drug Prevention Grant Application

Applicant Information									
Timeline	<p>The enclosed application is for Fiscal Year 2026 (FY26: July 1, 2025 - June 30, 2026). <i>This is a 1-year grant contingent on funding availability and applicant/grantee status.</i></p> <p><i>Applications must be submitted each year for renewal.</i></p> <p><b>FY26 applications are due by May 4<sup>th</sup> 11:59 PM Mountain Standard Time.</b></p> <p>Grant applicants will be notified if funding is approved by June 1<sup>st</sup>, 2025</p>								
Organization Name									
Organization Address	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Address</i></td> <td><i>City</i></td> <td><i>Zip</i></td> </tr> </table>				<i>Address</i>	<i>City</i>	<i>Zip</i>		
<i>Address</i>	<i>City</i>	<i>Zip</i>							
Contact Information	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td><i>Email Address</i></td> <td><i>Phone</i></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><i>Organizational Representative Name</i></td> <td><i>Title</i></td> </tr> </table>			<i>Email Address</i>	<i>Phone</i>			<i>Organizational Representative Name</i>	<i>Title</i>
<i>Email Address</i>	<i>Phone</i>								
<i>Organizational Representative Name</i>	<i>Title</i>								
Organizational Type	<p><input type="checkbox"/> <u>Coalition</u> A coalition of community organizations focused on substance abuse prevention. Coalition Tax ID# (if applicable) _____</p> <p><input type="checkbox"/> <u>Local Government Agency</u> A local government agency, including a law enforcement agency, or a program that is focused on substance abuse prevention.</p> <p><input type="checkbox"/> <u>Education</u> A local education agency as defined in Section 53E-1-102 of Utah Code.</p>								
Organizational Description	<p>Provide a brief description of the agency applying for funding in 2 to 4 sentences.</p>								
Proposal Summary	<p>Provide a brief overview of your project/proposal in 2 sentences.</p>								
Amount Requested No more than \$100,000	\$								

SECTION TWO - COMMUNITY DESCRIPTION

Define the community you propose to serve. Applicants may use various geographic boundaries including neighborhoods, census tracts, zip codes, and school districts, as well as townships to define their community. Applicants should be realistic about the size and population of the area in which they can create change. For example, choosing a community that is too large may be problematic due to the inclusion of neighborhoods that have significantly different problems to be addressed.

*Provide a brief overview of the community you propose to serve. (500 words or less)*

SECTION THREE - ACTION PLAN

This action plan is based on a logic model or road map that leads us to our desired outcomes.



**\*For each intervention you will be implementing please fill out a separate table. One table has been provided below. Copy and paste more as needed.**

**\*Please limit descriptions to about 200 words.**

**\*There is not a maximum number of interventions required, but you must have a minimum of 1.**

**\* Be sure to review the [Student Health and Risk Prevention \(SHARP\) survey](#) before selecting problem-related behavior and risk/protective factors- reach out to your local school district for local data.**

ACTION PLAN TEMPLATE	
<p><b>Problem-Related Behavior for Intervention 1</b> <i>Utilize local data sources to determine the problem-related behavior for your intervention.</i></p> <ul style="list-style-type: none"> <li><a href="#">Student Health and Risk Prevention (SHARP) survey</a> - reach out to your local school district for local data</li> </ul> <p><i>Questions to consider when selecting a problem-related behavior:</i></p> <ul style="list-style-type: none"> <li><i>What does the data tell me about the community I am focusing on?</i></li> <li><i>What problems or related behaviors are occurring the most?</i></li> <li><i>Which population groups experience more of the problems and related behaviors?</i></li> </ul> <p><i>Example: The state of Utah has a lifetime alcohol use of 8.4% among 8th graders in the 2023 SHARP data.</i> <i>The state of Utah has a lifetime alcohol use of 13.1% among 10th graders in the 2023 SHARP data.</i></p> <p><small>*Limit word count to 200</small></p>	<p><u>Fill in the Blank:</u> The state of Utah has (insert problem-related behavior) use of (XX)% among (insert focus population) in the 2023 SHARP data.</p>

**Risk or Protective Factor Identification**

Utilize the SHARP data to determine which risk or protective factors contribute to your problem-related behavior.

Limit it to 1-2 risk and/or protective factors. The risk and/or protective factor(s) you identify need to be addressed by your intervention.

<p>Risk Factors for Substance Abuse Addressed by Intervention 1 <i>Please check each risk factor you are addressing.</i></p> <p><i>Utilize the SHARP data to determine which risk factors are high that are contributing to your problem-related behavior.</i></p>	<input type="checkbox"/> Availability of Drugs <input type="checkbox"/> Community Laws and Norms favorable toward drug use <input type="checkbox"/> Media portrayal of the behavior <input type="checkbox"/> Transitions & Mobility <input type="checkbox"/> Low Neighborhood Attachment & Community Disorganization <input type="checkbox"/> Extreme Economic Deprivation	<input type="checkbox"/> Family History of the Problem Behavior <input type="checkbox"/> Family Management Problems <input type="checkbox"/> Family Conflict <input type="checkbox"/> Favorable Parental Attitudes and Involvement in the Problem Behavior <input type="checkbox"/> Academic Failure Beginning in Late Elementary School <input type="checkbox"/> Lack of Commitment to School	<input type="checkbox"/> Early & Persistent Antisocial Behavior <input type="checkbox"/> Rebelliousness <input type="checkbox"/> Gang Involvement <input type="checkbox"/> Friends Who Engage in the Problem Behavior <input type="checkbox"/> Favorable Attitudes Toward the Problem Behavior <input type="checkbox"/> Early Initiation of the Problem Behavior <input type="checkbox"/> Constitutional Factors
<p>Protective Factors for substance abuse addressed by Intervention 1 <i>Please check each protective factor you are addressing.</i></p> <p><i>Utilize the SHARP data to determine which protective factors are low that are contributing to your problem-related behavior.</i></p>	<input type="checkbox"/> Rewards for Prosocial Involvement <input type="checkbox"/> Opportunities for Prosocial Involvement	<input type="checkbox"/> Prosocial Involvement <input type="checkbox"/> Family Attachment	<input type="checkbox"/> Belief in the Moral Order <input type="checkbox"/> Interaction with Prosocial Peers
<p>Please explain why you choose this risk and/protective factor(s). Explain and process you went through to identify this risk and/or protective factor(s).  Provide SHARP data to support your choice.</p>			
<p>Description of Intervention 1 <i>Intervention Definition: Programs, policies,</i></p>			



<p><i>and/or strategies that promote health and well-being.</i></p> <p><i>Examples:</i></p> <ol style="list-style-type: none"> <li><i>Promote and enhance the school-based Botvin LST prevention programs in 7th &amp; 8th grades of all Utah Schools.</i></li> <li><i>Provide Teacher Trainings to 7th &amp; 8th grade teachers, incentivize teachers who teach Botvins to fidelity, and complete pre &amp; post-tests with participants.</i></li> </ol> <p>*Limit word count to 200</p>			
<p>Is Intervention 1 evidence-based or a promising practice? <i>Please provide a reference or link.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Link:		
<p>Are any of the Intervention 1 activities being funded by another organization/grant?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>How is Intervention 1 impacting the risk and/or protective factors selected for this intervention? <i>Example:</i> <i>Botvin prevention programs teach information about alcohol to counter common myths and misconceptions. This will address the risk factor we chose which is favorable attitudes toward the problem behavior.</i></p>			
<p>Please select all strategies Intervention 1 will address.</p>	<input type="checkbox"/> Provide Information <input type="checkbox"/> Changing Consequences (incentives/disincentives)	<input type="checkbox"/> Enhancing Skills <input type="checkbox"/> Physical Design <input type="checkbox"/> Providing Support	<input type="checkbox"/> Modifying/Changing Policies <input type="checkbox"/> Enhancing Access/Reducing Barriers
<p>How will you evaluate &amp; measure the progress of Intervention 1? <i>Tie this back to the selected risk &amp; protective factors</i></p> <p><i>Examples:</i></p> <ol style="list-style-type: none"> <li><i>We will track the number of teachers trained.</i></li> <li><i>Collect monthly reports from each teacher training in order to track the number of sessions taught to fidelity.</i></li> </ol>			

<p>3. Each participant will take a pre and post-test &amp; we will compare the results.</p>	
<p><b>Outcomes for Intervention 1</b>  <i>Create SMART objectives (Specific, Measurable, Attainable, Realistic, Time-bound) to describe the expected outcomes of the intervention. These should also be tied to how you evaluate &amp; measure your intervention's progress in the box above.</i></p> <p><i>Process objectives measure if the intervention was completed as intended &amp; what the intervention accomplished.</i></p> <ul style="list-style-type: none"> <li>• <i>Example: Utah Middle School will implement Botvin Life Skills to fidelity to all 7th and 8th Grade students in the school year 2024-2025.</i></li> <li>• <i>Participants' favorable attitude towards drugs will decrease as a result of Botvins Life Skills demonstrated in a pre/post-test provided by the program.</i></li> </ul> <p><i>Short-term objectives are tied to the risk &amp; protective factors you selected for this intervention.</i></p> <ul style="list-style-type: none"> <li>• <i>Example - Favorable attitudes towards drug use will decrease by 2% as demonstrated in the SHARP survey.</i></li> </ul> <p><i>Long-term objectives are tied to the impact you are expecting to see in the problem-related behavior you selected for this intervention.</i></p> <ul style="list-style-type: none"> <li>• <i>Example - Lifetime alcohol use among students in grades 8-10 will decrease by 2% by 2029 as based on the Utah SHARP survey.</i></li> </ul>	<p>Process Objective - Did you implement Intervention 1 (programs, policies, and/or strategies) as intended?</p> <hr/> <p>Short-Term Objective - Did Intervention 1 (programs, policies, and/or strategies) address your selected risk/protective factors?</p> <hr/> <p>Long-Term Objective - Did Intervention 1 impact your problem-related behavior? (this will be followed in the SHARP survey for the next 3-5 years)</p>

**SECTION FOUR - BUDGET FORM**

Please complete the following budget template according to your 12-month Action Plan.

- If you are asking for benefit reimbursement, please provide information on percentage or amount for each individual.

- Be as detailed as possible on your budget descriptions.

Category of Funding	Justification	Funding Amount
Personnel Salary		\$

Fringe Benefits		\$
Travel (in/out of state)		\$
Supplies		\$
Equipment		\$
Subcontractors		\$
Media Outreach		\$
Other		\$
Total Amount Requested		\$

## APPENDIX A - Risk and Protective Factors Overview

The following excerpt is borrowed from the Community-based Advocacy-focused Data-driven Coalition-building Association (CADCA):

Extensive national research, spanning over fifty years, has demonstrated a strong association between specific social conditions, personal characteristics, experiences, and the involvement in unhealthy behavior. This research has identified these influences as Risk and Protective Factors.

Risk factors are characteristics within the individual or conditions in the family, school, or community that increase the likelihood someone will engage in unhealthy behavior such as the use of alcohol, tobacco, and other drugs, violence, suicide, or early sexual activity. The more risk factors present in a child's life, the greater the likelihood that problems will develop in adolescence.

Protective factors are characteristics within the individual or conditions in the family, school, or community that help someone cope successfully with life challenges. When people can successfully negotiate their problems and deal with pre-existing risk factors, they are less likely to engage in unhealthy behavior. Protective factors are instrumental in healthy development; they build resiliency, skills, and connections (CADCA, 2011).

Full article (PDF) here: [Risk and Protective Factors for Adolescent Substance Use \(and other Problem Behavior\)](#)

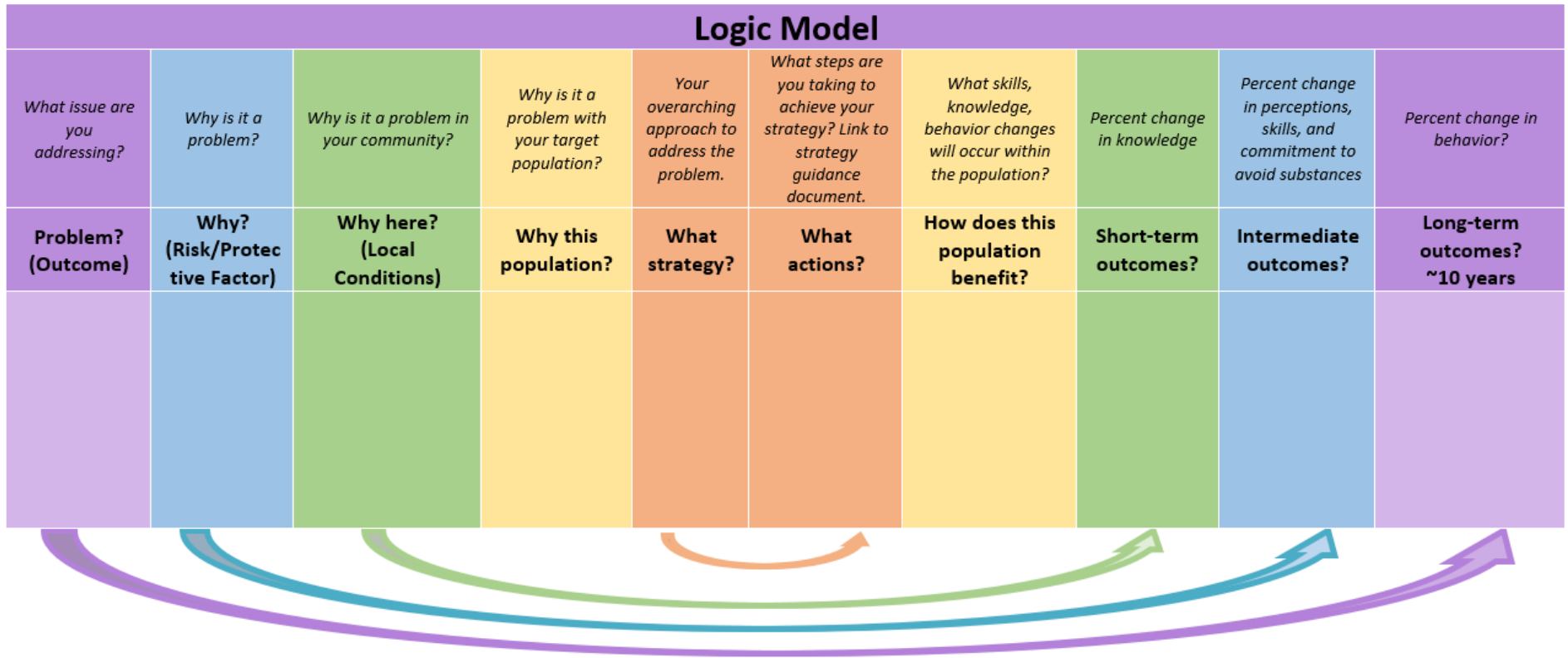
Additional information about risk and protective factors:

[Understanding Risk and Protective Factors: Their Use in Selecting Potential Targets and Promising Strategies for Intervention](#), The Community Toolbox (2021).

[Risk and Protective Factors](#), Substance Abuse and Mental Health Services Administration (SAMHSA)

Risk Factors for Adolescent Problem Behavior	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression & Anxiety
Community						
Availability of Drugs	•				•	
Availability of Firearms		•			•	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	•	•			•	
Media Portrayals of the Behavior	•				•	
Transitions and Mobility	•	•		•		•
Low Neighborhood Attachment and Community Disorganization	•	•			•	
Extreme Economic Deprivation	•	•	•	•	•	
Family						
Family History of the Problem Behavior	•	•	•	•	•	•
Family Management Problems	•	•	•	•	•	•
Family Conflict	•	•	•	•	•	•
Favorable Parental Attitudes and Involvement in the Problem Behavior	•	•			•	
School						
Academic Failure Beginning in Late Elementary School	•	•	•	•	•	•
Lack of Commitment to School	•	•	•	•	•	
Individual/Peer						
Early and Persistent Antisocial Behavior	•	•	•	•	•	•
Rebelliousness	•	•		•	•	
Gang Involvement	•	•			•	
Friends Who Engage in the Problem Behavior	•	•	•	•	•	
Favorable Attitudes Toward the Problem Behavior	•	•	•	•	•	
Early Initiation of the Problem Behavior	•	•	•	•	•	
Constitutional Factors	•	•			•	•

## APPENDIX B- Logic Model



**PLEASE NOTE:** The template is color coded to indicate that steps 6 – 8 should directly connect to the corresponding colors in steps 1 – 5. Specifically, the long-term outcome must address the problem; intermediate outcomes address the “Why?”; and short-term goals address “Why here?” Arrows in the example serve as a reminder of the connections across the model.

## APPENDIX C - Resources for Evidence-Based Programs and Promising Practices

Evidence-based means that a program, policy, or other strategy has been rigorously tested and demonstrated to be *effective* in preventing health problems based upon the best-available research evidence, rather than upon personal belief or anecdotal evidence ([Health Policy Institute of Ohio, 2013](#)). Programs that have been shown to be effective through less rigorous evaluation methods are often referred to as “promising practice.” Strong proposals will cite the research that demonstrates why the program or practice is evidence-based or promising.

If you are unsure of where to start in identifying an evidence-based program or promising practice, here are some top resources to help narrow your search. Community fit and practicality of the program are important factors to consider.

- Substance Abuse and Mental Health Services Administration (SAMHSA)  
[Implement an Evidence-Based Program](#) - Includes a link to Utah's own registry of approved prevention programs Resource Guide (PDF):  
[Reducing Vaping Among Youth and Young Adults](#)  
Resource Guide (PDF): [Substance Misuse Prevention for Young Adults](#)
- Blueprints for Healthy Youth Development: [www.blueprintsprograms.org/](http://www.blueprintsprograms.org/)  
Identifies youth violence, delinquency, and drug prevention and intervention programs that meet a strict scientific standard of program effectiveness. This database allows you to search by risk and protective factors, outcomes, and target audience.
- [The Community Guide](#)  
Collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). This database allows you to search by topic, audience, or strategy. Here are a couple recommended topic searches:  
[Tobacco](#)      [Adolescent Health](#)
- [What Works Clearinghouse](#)  
This database has an education focus and may be most useful for applicants looking for proven prevention tools in school settings.
- [Results First Clearinghouse Database](#)  
This social policy program database compiles key information from nine national clearinghouses, including the effectiveness rating they assigned to each program.
- [Find Interventions that Work \(CDC\)](#)  
Evidence-based interventions that can work in the four action areas: socioeconomic factors, physical environment, health behaviors, and clinical care.
- [Healthy People 2030 Evidence-Based Resource Tool](#)  
Explore relevant resources by topic that can help you work to achieve Healthy People 2030 objectives.
- [Healthy Salt Lake/Salt Lake County Health Department Promising Practices Database](#)  
This database informs professionals and community members about documented approaches to improving community health and

quality of life. The ultimate goal is to support the systematic adoption, implementation, and evaluation of successful programs, practices, and policy changes. The database provides carefully reviewed, documented, and ranked practices that range from good ideas to evidence-based practices.

- [What Works For Health \(County Health Rankings & Roadmaps\)](#)  
A tool to help you find policies and programs that are a good fit for your community's priorities.
- [Model Practices \(NACCHO\)](#)  
Model Practices are awarded to local health departments across the country for implementing programs that demonstrate exemplary and replicable outcomes in response to an identified public health need.



## APPENDIX D - Seven Strategies for Community-Level Change (CADCA's National Coalition Institute, 2021)

CADCA's Seven Strategies for Creating Effective Community Change provides a menu of action steps to include in your comprehensive action plan. Note that the first three strategies focus primarily on individuals while the latter four focus on systems and policies.

1. Providing Information – Educational presentations, workshops or seminars, or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
2. Enhancing Skills – Workshops, seminars, or other activities designed to increase the skills of participants, members, and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development)
3. Providing Support – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. Enhancing Access/Reducing Barriers- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. Changing Consequences (Incentives/Disincentives) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. Physical Design – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. Modifying/Changing Policies – Formal change in written procedures, by-laws, proclamations, rules, or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures, and practices, public policy actions, systems change within government, communities, and organizations).

For more information, read [Strategic Prevention Framework \(SPF\) and Environmental Strategies](#) (CADCA, n.d.)

A coalition in Wolcott, CT provides real-life examples of using each of the seven CADA strategies:  
<https://www.wolcottcasa.org/>

## APPENDIX E – Developing Measurable Objectives

To be able to effectively evaluate your project, it is critical that you develop measurable objectives. This appendix provides information on developing objectives and provides examples.

Objectives describe the results to be achieved and the manner in which they will be achieved. Multiple objectives are generally needed to address a single goal. Well-written objectives help set program priorities and targets for progress and accountability. It is recommended you avoid verbs that may have vague meanings to describe the intended outcomes, like “understand” or “know” because it may prove difficult to measure them. Instead, use verbs that document action, such as: “By the end of 2018, 75% of program participants will be placed in permanent housing.” In order to be effective, objectives should be clear and leave no room for interpretation. **SMART** is a helpful acronym for developing objectives that are **specific, measurable, achievable, realistic, and time bound**.

**S: Specific** – Includes the “who” and “what” of program activities. Use only one action verb to avoid issues with measuring success. For example, “Outreach workers will administer the HIV risk assessment tool to at least 100 injection drug users in the population of focus” is a more specific objective than “Outreach workers will use their skills to reach out to drug users on the street.”

**M: Measurable** – Outlines how much change is expected. It must be possible to count or otherwise quantify an activity or its results. It also means the source of and mechanism for collecting measurement data can be identified and that collection of the data is feasible for your program. A baseline measurement is required to document change (e.g., to measure the percentage of increase or decrease). If you plan to use a specific measurement instrument, it is recommended you incorporate its use into the objective. Example: By 9/18/2026 the number of 8th, 9th, and 10th-grade students who disapprove of marijuana use as measured by the annual school youth survey.

**A: Achievable** – Objectives should be attainable within a given time frame and with available program resources. For example, “The new part-time nutritionist will meet with seven teenage mothers each week to design a complete dietary plan” is a more achievable objective than “Teenage mothers will learn about proper nutrition.”

**R: Realistic** – Objectives should be within the scope of the project and propose reasonable programmatic steps that can be implemented within a specific time frame. For example, “Two ex-gang members will make one school presentation each week for two months to raise community awareness about the presence of gangs” is a more realistic objective than “Gang-related violence in the community will be eliminated.”

**T: Time-bound** – Provide a time frame indicating when the objective will be measured or the time by when the objective will be met. For example, “Five new peer educators will be recruited by the second quarter of the first funding year” is a better objective than “New peer educators will be hired.”

## APPENDIX E - Application Scoring Criteria

### E-CIGARETTE, MARIJUANA, & OTHER DRUG PREVENTION GRANT APPLICATION REVIEWER SCORE SHEET & CRITERIA

The proposal will be scored out of 145 points. Reviewers will score on a scale of 0 - "total points possible" for each section. Described below is what should be included in each section for full points. Each proposal will be reviewed in-depth by the review committee. *Please be aware this criteria may be changed or modified at any time.*

Applicant:	Points Possible	Points Awarded
<b>SECTION 1: APPLICATION COVER PAGE</b>	<b>10</b>	
Applicant provides a brief description of the agency applying for funding. Includes any experience or expertise the agency has with the population they intend to serve.	4	
Applicant provides a brief description of the proposal.	4	
All parts of the Application Cover Page are complete.	2	
<b>SECTION 2: COMMUNITY DESCRIPTION</b>	<b>15</b>	
The section clearly defines the target community.	5	
The applicant selects a realistic community size in which the project can affect change.	5	
The target community lives, learns, and/or plays in the health jurisdiction presiding over the grant application.	5	
<b>SECTION 3: ACTION PLAN</b>	<b>70</b>	
Applicant utilizes the provided Action Plan template.	5	
Problem-related behavior identified is a youth substance abuse problem.	5	
Relevant, local SHARP data is used to describe problem-related behavior.	5	
Risk and/or protective factors to be addressed are identified.	5	
Selected risk and/or protective factors are identified with accurate local SHARP data.	5	
Risk and/or Protective Factor(s) align with the problem-related behavior.	5	
Intervention(s) identified are programs, policies and/or strategies that will impact the problem-related behavior identified.	5	

Intervention(s) identified are evidence-based or a promising practice and a reference and/or link has been provided.	5	
Intervention(s) will address a variety of <a href="#">CADCA's Seven Strategies for Community Level Change</a> strategies.	5	
Plans to evaluate and measure the progress of intervention(s) are clear and demonstrate how outcomes will be measured.	5	
Plans to evaluate and measure the progress of intervention(s) are tied back to the selected risk and/or protective factor(s).	5	
Process, short-term & long-term objectives are clearly written to describe the expected outcome of the intervention(s).	5	
Objectives are tied back to the plans to evaluate and measure the progress of the intervention(s).	5	
Objectives are SMART (Specific, Measurable, Attainable, Realistic, Time-bound).	5	
<b>SECTION 4: BUDGET FORM</b>	<b>20</b>	
Budget form is organized, complete, and accurate.	5	
Budget justification is clear and meets all requirements and considerations. The budget does not exceed \$100,000.	10	
All of the proposed costs listed are reasonable and necessary to accomplish project objectives.	5	

<b>GENERAL CONSIDERATIONS</b>	<b>30</b>	
Organization type is one of the following: coalition, local government agency, or a local education agency as defined in Section 53J-1-301.	10	
The proposal illustrates that the agency has the capacity to carry out the project.	5	
The proposal is high-quality and well-written, including good grammar, spelling, and punctuation. Proposal does not exceed word count.	5	
Prior grantees only: Grantee possesses a positive history in meeting original award requirements, including, but not limited to, the following considerations: adhering to the contractor guidelines and agreements, remaining within budget, submitting required reporting in a timely manner, communicating as needed with grant coordinator, and demonstrating a strong effort to obtain goals and objectives.	10	
<b>TOTAL POINTS</b>	<b>145</b>	
Final Comments- include strengths and weaknesses of the proposal		

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