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| --- | --- |
| **cid:7FE201CB-362F-41D4-9E33-6D54DF6B2068** | Millennium Fund Grant Proposal  *Prevention/Cessation/Treatment*  *For the Period July 1, 2019 through June 30, 2020* |

The Idaho Legislature appropriates funding from the Idaho Millennium Fund to eligible applicants who provide services that help individuals to never start, to quit, or to receive treatment for, tobacco or substance use. This process begins with a submitted application to the Joint Legislative Millennium Fund Committee. Applicants that are awarded a Millennium Fund Grant must then submit an annual report detailing the project, and any outcomes and expenses. Please contact Jared Tatro, Legislative Services Office, with any questions at (208) 334-4740 or email [jtatro@lso.idaho.gov](mailto:jtatro@lso.idaho.gov).

<Project Title Goes Here>

I. Grant Applicant

|  |  |
| --- | --- |
| ***Full Legal Organization Name*** | **<name>** |
| Address | <address> |
| City | <city> |
| State | <state> |
| Zip Code | <zip> |
| Website | <website> |
|  |  |
| ***Primary Grant Applicant Contact Person*** |  |
| Name | <name> |
| Title | <title> |
| Phone | <phone> |
| Email Address | <email address> |
|  |  |
| ***Alternate Grant Applicant Contact Person*** |  |
| Name | <name> |
| Title | <title> |
| Phone | <phone> |
| Email Address | <email address> |
|  |  |
| ***Anticipated Presenter*** |  |
| Name | <name> |
| Title | <title> |
| Phone | <phone> |
| Email Address | <email address> |

II. Grant Proposal Summary

|  |  |
| --- | --- |
| ***Select all Applicable Criteria***: | *(Indicate Yes Where Applicable)* |
| 1. Tobacco Cessation or Prevention |  |
| 1. Vaping/E-Cigarette Cessation or Prevention |  |
| 1. Substance Abuse Cessation or Prevention |  |
| 1. Tobacco or Substance Abuse Treatment |  |

***Purpose of Grant****:* <**In 1/3 page or less**, explain the purpose of the grant.>

III. Proposed Budget

<**In a ¼ page or less**, include a brief budget scenario that describes the total personnel Costs, total Operating Expenditures, and total Capital Outlay costs for the grant. Explain the highlights of the budget and any other important pieces of the budget that you would like to draw attention to.

The Proposed Budget should be completed in the separate Excel file that is provided on the Millennium Fund Website. Please fill in all cells. If your organization does not or will not have expenditures for a specific category, please enter a zero (0) in that cell. You can add additional rows and columns for additional clarity, but do not delete unnecessary rows.

Your budget should include all personnel, operating and capital outlay requested expenditures that relate to the Millennium Fund Grant Application. At the bottom of the budget form, include all operational expenditures for your (local) organization. Be sure to not double count the Millennium Fund Grant Request. See the ***Budget Notes worksheet*** *for additional information.*

***Grant Amount Requested (should tie to budget file)****:* **$<amount – round to nearest hundred>**

IV. Statement of Need

<*Replace with your own text:* In **1/3 page or less**, describe the problem that the proposed project will address, as well as the population that will be served. It should clearly set forth the rationale, or justification, for what is being proposed. Simply stating “tobacco/alcohol/drugs are bad” will not suffice for a justified statement of need. Further, your approach to address the problem should be established in evidence-based research. In addition, any supportive data and information verifying the magnitude of the problem should be incorporated, and why you require a grant to address this issue. Include literature and scientific references to support your request in section IX below. Make sure that the committee understands why this project should be considered.>

V. Project Design

<**In 1 ½ pages or less**, Describe the project and how you propose to implement it. Identify specific project goal(s) and objectives, how they will be achieved, how success or failure will be measured, and how the evidence-based processes will be incorporated. Include corresponding information on the desired outcome.>

VI. Evaluation Plan

<**In ¾ page or less**, briefly explain what you want to learn about your program goals, outcomes, and process over the grant period. Include information on two or three primary evaluation questions you expect to answer, assessment methods and strategies you will use to answer your evaluation questions, how stakeholders will be involved in the evaluation process, and how you will use this information to improve desired outcomes. Include how you will be evaluating the program (i.e. surveys, phone calls, etc.) and who will be conducting the evaluation. If an internal evaluation will be conducted then include relevant information on the staff member that demonstrates the ability to conduct the evaluation and what measures/tools will be used to determine success of the program. If an external evaluation is to be conducted, include who will be conducting the evaluation, what the cost of the evaluation will be, and the qualifications of the external entity, and what measures/tools will be used.>

VII. Evidence-Based Research

< **In ½ page or less**, provide a maximum of three evidence-based sources that substantiate your methodology of cessation, prevention, or treatment. Sources should be listed in priority order with your strongest source listed as number 1. All sources should be evidence-based, timely, and from reputable sources, preferably medical institutions, accredited universities, or government-funded studies. Sources that simply state how tobacco/substance use is harmful will not be accepted. For purposes of this application you should include a valid web link, the title, author, publication date, and 3-4 sentences summarizing the research of each source. **If a link to the study is not feasible, contact Jared Tatro for additional guidance**.>

VIII. Grant Management

<**In ½ page or less,** provide information on how this project will be generally managed. This may include information on the qualifications, responsibilities, tasks, and time commitments of key personnel associated with the project.

It could also include a brief description of the history of your organization, its structure, information about office locations and partnerships that will be utilized in carrying out the activities of the grant proposal, relevant experience and organizational accomplishments, and an explanation of what makes your organization an appropriate grantee. In short, establish your credibility as a grant applicant.>

IX. Sustainability

<**In ½ page or less**, clearly communicate your organization’s plan and rationale for sustaining, expanding, replicating, or terminating the project once the grant period ends. **Information should also include a plan of how you will secure future funding to sustain the project over the long-term**. If the Millennium Fund is your organization’s long-term plan for finances, then note why you are unable to secure funding (in-kind or direct dollars) from other sources.