

2008-2009
SCTC COMMUNITY PARTNERSHIP GRANT
REQUEST FOR PROPOSALS (RFP)

APPLICATION WORKSHEET

Contact Information:

APPLICANT (Organization/Coalition/Group)	
CONTACT PERSON	
MAILING ADDRESS	
PHONE	
FAX	
EMAIL	

New Application or Previous Applicant/Continuation of Project (check one)

Select Region:

- Region I – Upstate** **Region II - Midlands**
 Region III – Pee Dee **Region IV – Lowcountry/Coast**
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Funding Areas – indicate which State goals/objective(s) will you work to address (see full state plan for additional details <http://www.sctobacco.org/about/stateplan.aspx>) and whether you are requesting funds for capacity building:

- Goal Area 1 Prevent Initiation of Tobacco Use**
- Focus Area 2 Decrease Access to Tobacco Products
 - Focus Area 3 Increase Price of Tobacco Products
- Goal Area 2 Eliminate Exposure to Secondhand Smoke**
- Focus Area 1 Eliminate Exposure to Secondhand Smoke in Workplaces and Public Places
 - Focus Area 2 Eliminate Exposure to Secondhand Smoke in Homes and Vehicles
- Goal Area 3 Promote Quitting Among All Tobacco Users**
- Focus Area 1 Increase quit attempts using proven cessation methods
- Local Coalition Capacity Building**
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SCTC Community Partnership Grants

Grant Narrative

Prepare your grant narrative using the categories/criteria below. Detailed explanation for each required narrative category is provided in the RFP guidelines. Use as much detail as necessary to fully respond to the question, yet please be as succinct as possible. Maximum page limit for the application narrative portion (not to include budget narrative) is 5 pages double-spaced, 12 point font with 1” margins.

1. Community Need - 15 points
2. Specific Objectives - 15 points
3. Proposed Activities - 20 points
4. Action Plan - 15 points
5. Capacity - 10 points
6. Evaluation - 10 points
7. Budget - Using the format below, summarize your budget request. On a separate page, provide sufficient budget narrative to justify costs to achieve objective(s). If you are requesting activities to achieve more than one funding category, separate your budget by category. 15 points

FUNDING REQUEST CATEGORIES (list amount requested in each area below):

Prevention: \$ _____ Secondhand Smoke Elimination: \$ _____

Cessation: \$ _____ Capacity Building: \$ _____

Funding Category:	
	Amount
1. Occupancy	
2. Office Supplies	
3. Program Supplies	
4. Training/Education	
5. Travel	
6. Printing	
7. Meeting costs	
8. Other	
TOTAL BUDGET REQUEST	
Anticipated Budget Requests:	
First Request (October 2008)	
Second Request (February 2009)	