

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



Funding Title: Weber Morgan Health Department
E-cigarette, Marijuana, & Other Drug Prevention Grant

Project Period: Year 1: July 1, 2026 to June 30, 2027
Year 2: July 1, 2027 to June 30, 2028
Year 3: July 1, 2028 to June 30, 2029

Due Date for Applicants: May 6, 2026 at 5:00 pm MST

Questions and Answers: A question and answer Teams meeting will be held on
Wednesday, April 15, 2026 @ 10:00 AM

Teams Link: <https://teams.microsoft.com/meet/28316540135838?p=1nRSDt47toNT09GWSL>

Meeting ID: 283 165 401 358 38

Passcode: oc2cB63s

Funding Available: Weber Morgan Health Department (WMHD) anticipates awarding 3-5 organizations, in amounts of \$10,000 to \$100,000 each per year, for up to three years. The total funding available is \$304,136 per year. WMHD reserves the right to award applicants at less than the funding amount they request. Year 2 and 3 awards are contingent on satisfactory completion of Year 1 strategies and reporting requirements, and the County receiving the funding from the state each year. If an applicant's proposal is selected for an award, the applicant will be required to submit detailed action plans and budget justifications annually.

For submission of grant applications or questions please contact:

Amanda Jones at ajones@webercountyutah.gov.

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.

This funding is specifically for youth substance use prevention and all strategies and services should be

targeting risk and protective factors for youth up to age 18.

Eligibility: Organizations eligible to apply include: coalitions, local government agencies, or local education agencies as defined in Section 53J-1-301.

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 three times over the year of funding. Reports are due the 15th of the month after the end of the quarter. (October 15, January 15, April 15, and July 15).

After the grant period ends, the grant recipient shall submit a final report to the local health department.

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. You might want to consider filling out a logic model. **See Appendix B** for an example. 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 youth 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 youth 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 youth substance use prevention. See **Appendix C** 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.

SECTION ONE - COVER PAGE

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

Applicant Information													
Timeline	<p>The enclosed application is for Fiscal Year 2027 (FY27 -FY30): July 1, 2026 - June 30, 2029). <i>This is a 3-year grant contingent on funding availability and applicant/grantee status.</i> <i>Applications including updated action plans and budget justifications must be submitted each year for renewal.</i> FY27 applications are due by May 6, 2026 5:00 PM Mountain Standard Time. Grant applicants will be notified if funding is approved by June 30, 2026</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><tr><td></td><td></td><td></td></tr><tr><td><i>Email Address</i></td><td><i>Phone</i></td><td></td></tr></table>				<i>Address</i>	<i>City</i>	<i>Zip</i>				<i>Email Address</i>	<i>Phone</i>	
<i>Address</i>	<i>City</i>	<i>Zip</i>											
<i>Email Address</i>	<i>Phone</i>												
Contact Information	<table border="1"><tr><td></td><td></td></tr><tr><td><i>Organizational Representative Name</i></td><td><i>Title</i></td></tr></table>			<i>Organizational Representative Name</i>	<i>Title</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, for 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>												
Organizationa l Description	<p>Provide a brief description of the agency applying for funding in 250 words or less, including your experience successfully providing similar activities or services.</p>												
Proposal Summary	<p>Provide a brief overview of your project/proposal in 2-4 sentences (200 words or less).</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. Include data on substance use behaviors/outcomes affecting the community you propose to serve (you may include county level data where local data is not available). 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.

*Your target population must be in the Weber-Morgan health district to qualify for this funding opportunity.

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. See Appendix B for a sample logic model.



***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.**

***Communities that Care may be selected as an evidence-based strategy, but in order to receive points on your application for utilizing an evidence-based strategy you would need to select at least one other evidence-based strategy in addition to the CTC model.**

***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

Problem-Related Behavior for Intervention 1

Utilize local data sources (SHARP) to determine the problem-related behavior for your intervention.

Questions to consider when selecting a problem-related behavior.

- What does the data tell me about the community I am focusing on?
- What problems or related behaviors are occurring the most?
- Which population groups experience more of the problems and related behaviors?

Example: The state of Utah has a lifetime alcohol use of 8.4% among 8th graders in the 2025 SHARP data. The state of Utah has a lifetime alcohol use of 13.1% among 10th graders in the 2025 SHARP data.

Fill in the Blank:

The state of Utah has a *(insert problem-related behavior)* use of *(XX)%* among *(insert focus population)* in the 2025 SHARP data.

Risk or Protective Factor Identification

Utilize the [SHARP](#) data to determine which risk or protective factor contributes 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.

Risk Factors for Substance Abuse

Listed in order of prevalence for the State of Utah.

(check boxes)

- Low commitment to school
- Perceived risk of drug use
- Parental attitudes favorable to antisocial behavior
- Attitudes favorable to antisocial behavior
- Depressive symptoms
- Academic failure
- Low neighborhood attachment

- Rewards for antisocial behavior
- Family conflict
- Poor family management
- Rebelliousness
- Early initiation of antisocial behavior
- Laws and norms favorable toward drug use
- Attitudes favorable to drug use

- Family history of antisocial behavior
- Perceived availability of drugs
- Interaction with antisocial peers
- Parental attitudes favorable to drug use
- Early initiation of drug use
- Friends use of drugs
- Gang involvement

Protective Factors for Substance Abuse (check boxes)	<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 chose this risk and/or protective factor(s). Explain the process you went through to identify this risk and/or protective factor(s).</p> <p>Provide SHARP data to support your choice.</p>			
<p>Description of Intervention 1 <i>Intervention Definition: Programs, policies, and/or strategies that promote health and well-being.</i></p> <p><i>Examples:</i></p> <ol style="list-style-type: none"> 1. <i>Promote and enhance the school-based Botvin LST prevention programs in 7th & 8th grades of all Utah Schools.</i> 2. <i>Provide Teacher Trainings to 7th & 8th grade teachers, incentivize teachers who teach Botvins to fidelity, and complete pre & post-tests with participants.</i> 			
<p>Is Intervention 1 evidence-based or a promising practice proven to impact the identified risk and/or protective factors? <i>Provide a reference or link.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Summarize the evidence and provide a link:		
<p>Is Intervention 1 evidence-based or a promising practice proven to reduce</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>youth substance use? Provide a reference or link.</p>	<p>Summarize the evidence and provide a link:</p>		
<p>How is Intervention 1 impacting the risk and/or protective factors selected for this intervention? Example: 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.</p>			
<p>Please select all CADCA strategies Intervention 1 will address.</p>	<p><input type="checkbox"/> Provide Information</p> <p><input type="checkbox"/> Changing Consequences (incentives/disincentives)</p>	<p><input type="checkbox"/> Enhancing Skills</p> <p><input type="checkbox"/> Physical Design</p> <p><input type="checkbox"/> Providing Support</p>	<p><input type="checkbox"/> Modifying/Changing/Enforcing Policies</p> <p><input type="checkbox"/> Enhancing Access/ Reducing Barriers</p>
<p>How will you evaluate & measure the progress of Intervention 1? Tie this back to the selected risk & protective factors</p> <p>Examples:</p> <ol style="list-style-type: none"> We will track the number of teachers trained. Collect monthly reports from each teacher training in order to track the number of sessions taught to fidelity. Each participant will take a pre and post-test & we will compare the results. 			
<p>Outcomes for Intervention 1 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 & measure your intervention's progress in the box above.</p> <p><u>Process objectives</u> measure if the intervention was completed as intended & what the intervention accomplished.</p> <ul style="list-style-type: none"> Example: Utah Middle School will implement Botvin Life Skills to fidelity to all 7th and 8th Grade students in the school year 2024-2025. 	<p><u>Process Objective - Did you implement Intervention 1 (programs, policies, and/or strategies) as intended?</u></p>		

- *Participants' favorable attitude towards drugs will decrease as a result of Botvins Life Skills demonstrated in a pre/post-test provided by the program.*

Short-term objectives are tied to the risk & protective factors you selected for this intervention.

- *Example - Favorable attitudes towards drug use will decrease by 2% as demonstrated in the SHARP survey.*

Long-term objectives are tied to the impact you are expecting to see in the problem-related behavior you selected for this intervention.

- *Example - Lifetime alcohol use among students in grades 8-10 will decrease by 2% by 2029 as based on the Utah SHARP survey.*

Short-Term Objective - Did Intervention 1 (programs, policies, and/or strategies) address your selected risk/protective factors?

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)

SECTION FOUR - BUDGET FORM

Please complete the attached [budget template](#) for year 1, according to your 12-month Action Plan, and adhere to the following guidelines.

The budget justification column is used to determine 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.

The minimum award amount is \$10,000 and the maximum award amount is \$100,000 for a period of one year. Proposed budgets must not exceed \$100,000 in total costs in any year of the proposed project. Funds will be distributed quarterly with 40% initially (July), 30% in October and 30% in January. Funds dispersed will be dependent upon submission of quarterly reports.

1. No more than 10% of the funding may be used for training and travel costs.
 - a. If applying for a youth group consider including budget items for the youth to attend a training in addition to adults
 - b. Substance abuse specific trainings - CADCA training, Fall Substance Abuse Prevention Conf. etc. will not count against 10% allocation
2. No more than 15% can be used for administrative costs
3. Up to 5% can be used for equipment (i.e. computer). Any purchase over \$5,000 must be approved
4. Up to 10% of the funding can be used for evaluation
5. Staff allocated funds need to be justified in the budget narrative
6. Funds may not be used for construction
7. Appropriate justification for all budget items is required
8. Food must be less than 20% of the total budget
9. Promotional items and incentives for participation must be less than 10% of the total budget, and you will need to explain how it will be necessary for the intervention(s) described in your Action Plan.

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 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).

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)

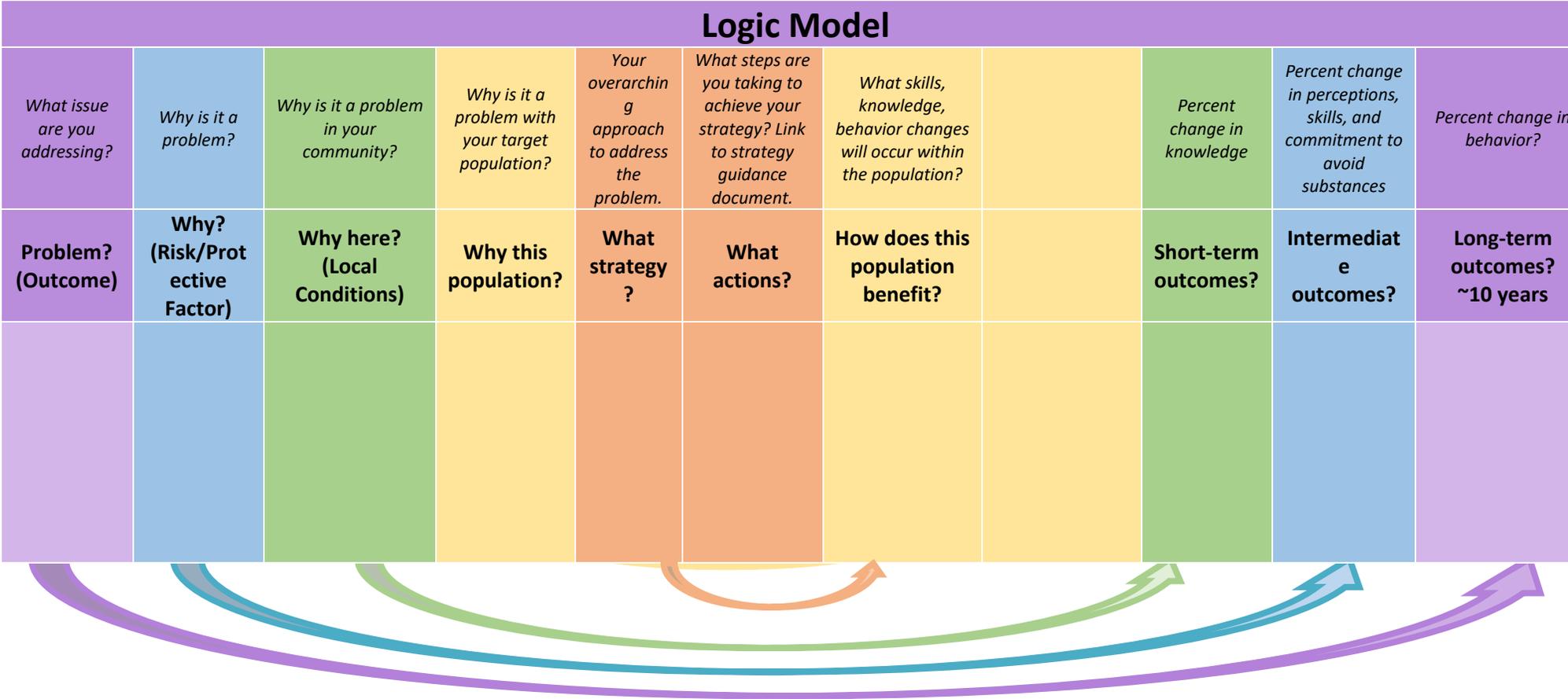
Protective factors, also known as “assets,” are conditions that buffer youth from risk by reducing the impact of the risks or changing the way they respond to risks.

	Healthy Beliefs and Clear Standards	Bonding	Opportunities	Skills	Recognition
Community	Rewards for Prosocial Involvement		✓		✓
	Family Attachment	✓			
Family	Opportunities for Prosocial Involvement	✓	✓		
	Rewards for Prosocial Involvement	✓	✓		✓
School	Opportunities for Prosocial Involvement	✓	✓		
	Rewards for Prosocial Involvement	✓	✓		✓
	Interaction with Prosocial Peers		✓	✓	
Peer / Individual	Prosocial Involvement	✓		✓	
	Rewards for Prosocial Involvement		✓		✓
	Belief in the Moral Order	✓			
	Religiosity	✓			

Risk factors are conditions that increase the likelihood of a young person becoming involved in drug use, delinquency, school dropout, and/or violence.

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community	Low Neighborhood Attachment	✓	✓		✓	
	Perceived Availability of Drugs	✓			✓	
	Perceived Availability of Handguns		✓		✓	
Family	Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime	✓	✓		✓	
	Family History of Antisocial Behavior	✓	✓	✓	✓	✓
	Poor Family Management	✓	✓	✓	✓	✓
	Family Conflict	✓	✓	✓	✓	✓
School	Parental Attitudes Favorable Toward Drugs and Antisocial Behavior	✓	✓		✓	
	Academic Failure	✓	✓	✓	✓	✓
	Low Commitment to School	✓	✓	✓	✓	✓
	Rebelliousness	✓	✓	✓	✓	
Peer / Individual	Gang Involvement	✓	✓		✓	
	Perceived Risk of Drug Use	✓	✓	✓	✓	
	Attitudes Favorable Toward Antisocial Behavior and Drug Use	✓	✓	✓	✓	
	Friend's Use of Drugs	✓	✓	✓	✓	
	Interaction with Antisocial Peers	✓	✓	✓	✓	
Depressive Symptoms	✓			✓		✓

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 on 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 practices.” 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/
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 of 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/Enforcing 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, visit this webpage: [Defining the Seven Strategies for Community Change](#)

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 9/18/26 increase by 10 percent 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 F - Application Scoring Criteria

E-CIGARETTE, MARIJUANA, & OTHER DRUG PREVENTION GRANT

APPLICATION REVIEWER SCORE SHEET &

CRITERIA

The proposal will be scored out of 110 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
SECTION 1: APPLICATION COVER PAGE	8	
Organization type is one of the following: coalition, local government agency, or a local education agency as defined in Section 53J-1-301.	Pass/fail	
The applicant provides a brief description of the agency applying for funding, and demonstrates their experience successfully providing similar activities or services.	5	
All parts of the Application Cover Page are complete.	3	
SECTION 2: COMMUNITY DESCRIPTION	15	
The section clearly defines the target community within the 500 word limit.	5	
The applicant selects a realistic community size in which the project can affect change.	5	
The target community has a demonstrated need for substance use prevention.	5	
SECTION 3: ACTION PLAN	67	
The applicant utilizes the provided Action Plan template as instructed.	5	
Relevant, local youth substance use SHARP data is used to describe problem-related behavior.	5	
The problem-related behavior(s) identified include one or more of the top three most commonly used substances according to local SHARP data.	5	
Risk and/or protective factors selected will address the most significant needs in the target community in order to reduce youth substance use, as evidenced by prevalence in local SHARP data.	5	
Intervention(s) identified are programs, policies, and/or strategies that will impact the local conditions, risk & protective factors, and/or the outcome.	5	
The intervention(s) identified are evidence-based or a promising practice proven to address the identified risk and/or protective factors and a reference and/or link has been	10	

provided.		
The intervention(s) identified are evidence-based or a promising practice proven to reduce youth substance use and a reference and/or link has been provided.	5	
Plans to evaluate and measure the progress of intervention(s) are clear and demonstrate how outcomes will be measured.	5	
Intervention(s) will address a variety of CADCA's Seven Strategies for Community Level Change strategies. One point will be given for each strategy addressed.	7	
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) and explain how they will reduce youth substance use.	5	
Objectives are SMART (Specific, Measurable, Attainable, Realistic, Time-bound).	5	
SECTION 4: BUDGET FORM	20	
The budget form is organized, complete, and accurate.	5	
The budget justification is detailed and 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	

GENERAL CONSIDERATIONS	0 to 10	
Prior grantees only. Grant award determinations will be made based on a percentage of points awarded vs total points available so new grantees will not be at a disadvantage. 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 by the due date, communicating as needed with grant coordinator, and demonstrating a strong effort to obtain goals and objectives.	0 to 10	WMHD staff will score prior grantees
TOTAL POINTS	110	
Final Comments - including strengths and weaknesses of the proposal		