



FY24 Community Grant Application

Smokefree SC is awarding grants up to \$5,000 for work done at the local level on tobacco prevention and cessation efforts involving youth and/or coalition support/building. These grants are available to 501c (3) entities.

Effective Dates: This agreement shall be effective for twelve months beginning at the execution of a signed Memorandum of Agreement.

Entity Applying for Community Grant

Organization Name:

Point of Contact Name and Title:

Organization Address:

Phone Number:

Email:

EIN:

Intent for Use of Funding: Grant funds can only be used for either Youth Engagement or Local Coalition Support/Building. Select which one applies to your project.

Youth Engagement

If yes, check all that apply:

Middle School

High School

College

Local Coalition Support/Building

Areas covered by coalition:

Needed Attachments:

When submitting your application, please attach these additional two forms with the requested information. Forms can be downloaded at www.smokefreesc.org/resources.

Funding: Use the [Community Grant Budget Worksheet](#) to outline funding categories.

Amount Requested (up to \$5,000):

Action Plan: Use the [Community Grant Action Plan Worksheet](#) to outline the goals and activities funding will be used for.

Activities covered by Grant can include:

1. Educating youth, community members, decision members, etc. on risks of tobacco use, harm of secondhand smoke (SHS), tobacco prevention and cessation best practices.
2. Meetings costs associated with youth engagement, coalition building and support, or public education.
3. Printing costs for the development of educational materials on SHS and vaping protection for youth, local businesses, decision makers, organizations, groups and/or facilities.
4. Development of earned media, social media, print media and interview opportunities to educate teens, their parents, decision makers and the public about risks of tobacco use, SHS and vaping protections and cessation.

Lobbying - Funds may not be used to support lobbying as defined by the US Internal Revenue Code, section 4945(d)(1).

Questions: Please contact Barbara Derrick, Executive Director Smokefree SC at barbara@smokefreesc.org if you have any questions regarding the grant or application process.

Please submit the completed application, budget worksheet, and action plan worksheet by emailing them to barbara@smokefreesc.org.

Approval of Grant Application by requesting organization:

Signature and Date: _____

Printed Name and Title: _____