**Ballot Measure 108 One-Time Funding**

**Program Plan Form 2022-2023**

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| **County Served:** |

**EXAMPLE TABLE**

This table is meant to serve as an example. Blank tables are provided in this document for you to complete. Refer to Appendix A for additional examples of activities and process indicators.

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| Goal:  *What is the long-term impact/desired outcome(s)?* | | | |
| History/Context: *Provide an overview of local context, community readiness, and any work that has been done to date on this strategy.* | | | |
| **How will you know if you’ve progressed toward your goal?** | | | |
| **Anticipated Health Equity Impact:** *If this strategy is successful, what is the anticipated impact on health equity in your community?* | | | |
| Objective 1.1: *Objectives must be S.M.A.R.T.I.E. (Specific, Measurable, Attainable, Realistic, Timebound, Inclusive and Equitable).*  *(add additional objectives as needed)* | | | |
| **Activity Category** | **Activity descriptions**  (add more rows as needed) | **Partners** | **Estimated Timeframe**  (M/Y) - (M/Y) |
| *Insert which activity category best describes your activity from the following list:*   * ***Authentic Relationship Building with Community Partners*** * ***Collaborative strategies*** * ***Community-Driven Assessment*** * ***Community-Driven Policy Development & Adoption*** * ***Community-supported Policy Implementation & Maintenance*** * ***Culturally-relevant and community-specific Communication*** * ***Decisionmaker Education*** * ***Direct cessation delivery*** * ***Evaluation*** * ***Internal capacity building to address inequities*** * ***Other*** | *Activities are the specific, measurable actions to be completed to accomplish goals and objectives.* | *Specify which partners are involved in completing activity or engaged in work. This includes, but is not limited to, organizations, community members, stakeholders, decision makers, and other partners.*  *Please connect with all partners to ensure they understand and agree to the collaborative efforts.* | *Ex. 07/22-12/22* |

**COMMERCIAL TOBACCO PREVENTION AND/OR CESSATION STRATEGIES**

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| Goal 1: | | | |
| History/Context: | | | |
| **How will you know if you’ve progressed toward your goal?** | | | |
| **Anticipated Health Equity Impact:** | | | |
| **Objective 1.1:** | | | |
| **Activity Category** | **Activity descriptions**  *(add more rows as needed)* | **Partners** | **Estimated Timeframe**  (M/Y) - (M/Y) |
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| Goal 2: | | | |
| History/Context: | | | |
| **How will you know if you’ve progressed toward your goal?** | | | |
| **Anticipated Health Equity Impact:** | | | |
| **Objective 2.1:** | | | |
| **Activity Category** | **Activity descriptions**  *(add more rows as needed)* | **Partners** | **Estimated Timeframe**  (M/Y) - (M/Y) |
|  | 1. |  |  |
|  | 2. |  |  |
|  | 3. |  |  |
|  | 4. |  |  |
|  | 5. |  |  |

(Copy and paste the table if you would like to add additional goals.)