**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.)