Reports from Tribal TPEP grantees help HPCDP monitor grant compliance, continue to improve the program, secure funding, and track successes around the state. Tribal TPEP grantees must complete a progress report interview with their HPCDP Liaison two times for the 2017-18 fiscal year to describe progress made on the Local Program Plan.

Reporting interviews will take place in the following approximate timelines:

• Period 1: Fall 2017

• Period 2: Spring 2018

Reporting Periods cover the following dates:

• Period 1: July 2017 – November 2017

• Period 2: December 2017 – projecting through June 2018

SECTION A: Tribal TPEP Overview

|  |  |
| --- | --- |
| Liaison |  |
| Tribe |  |
| TPEP Coordinator |  | FTE |  |
| Other Key Staff |  | FTE |  |
| Address |  |
| Phone |  |
| E-mail |  |
| Award amount |  |
| Reporting Period:[ ]  1 [ ]  2 |
| Interview Date:  |  |
| Date Finalized:  |  |

**SECTION B: Program Plan Discussion**

OVERALL

|  |
| --- |
| Please document tribal memos, resolutions, ordinances or policies that have been adopted during the reporting period. |
| **What policies have been adopted?** Include current policy description (e.g., “All properties 100% commercial tobacco-free,” or “Commercial smoking allowed in designated areas only.”)  |
| **Policy Description** | **Date Enacted** | **How many people does this policy impact?** | **Policy on File with HPCDP?** |
|  |  |  | [ ]  Yes[ ]  No |
|  |  |  | [ ]  Yes[ ]  No |
|  |  |  | [ ]  Yes[ ]  No |

SUCCESS STORIES

|  |
| --- |
| **Have you submitted a story of growth that you view as a success in your community?*****Reminder: Please submit at least one story by June 30th.*** |
| [ ]  Yes [ ]  NoIf yes, please briefly describe: |
| Follow-up: |

**POLICY**

|  |
| --- |
| Please report status of milestones, successes, challenges, partners engaged, and proposed changes to program plan. |
| **Policy Area 1:** [ ]  Commercial Tobacco-Free Tribal Administration-Community Campus [ ]  Commercial Tobacco-Free Health Clinic[ ]  Commercial Tobacco-Free Educational Facilities [ ]  Commercial Tobacco-Free Gathering Spaces [ ]  Commercial Tobacco-Free Events and Gatherings [ ]  Commercial Tobacco-Free Tribally Run Businesses [ ]  Commercial Tobacco-Free Tribal Housing [ ]  Commercial Tobacco-Free External Partners[ ]  Tobacco 21[ ]  Commercial Tobacco Retail Regulation**Tribal-specific milestones from program plan:** |
| Were any tribal-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 |
| Follow-up: |

|  |
| --- |
| **Policy Area 2:**  [ ]  Commercial Tobacco-Free Tribal Administration-Community Campus [ ]  Commercial Tobacco-Free Health Clinic [ ]  Commercial Tobacco-Free Educational Facilities [ ]  Commercial Tobacco-Free Gathering Spaces [ ]  Commercial Tobacco-Free Events and Gatherings [ ]  Commercial Tobacco-Free Tribally Run Businesses [ ]  Commercial Tobacco-Free Tribal Housing [ ]  Commercial Tobacco-Free External Partners[ ]  Tobacco 21[ ]  Commercial Tobacco Retail Regulation**Tribal-specific milestones from program plan:** |
| Were any tribal-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 |
| Follow-up: |

|  |
| --- |
| **Policy Area 3:** [ ]  Commercial Tobacco-Free Tribal Administration-Community Campus [ ]  Commercial Tobacco-Free Health Clinic [ ]  Commercial Tobacco-Free Educational Facilities [ ]  Commercial Tobacco-Free Gathering Spaces [ ]  Commercial Tobacco-Free Events and Gatherings [ ]  Commercial Tobacco-Free Tribally Run Businesses [ ]  Commercial Tobacco-Free Tribal Housing [ ]  Commercial Tobacco-Free External Partners[ ]  Tobacco 21[ ]  Commercial Tobacco Retail Regulation**Tribal-specific milestones from program plan:** |
| Were any tribal-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 |
| Follow-up: |

|  |
| --- |
| **Policy Area 4:** [ ]  Commercial Tobacco-Free Tribal Administration-Community Campus [ ]  Commercial Tobacco-Free Health Clinic [ ]  Commercial Tobacco-Free Educational Facilities [ ]  Commercial Tobacco-Free Gathering Spaces [ ]  Commercial Tobacco-Free Events and Gatherings [ ]  Commercial Tobacco-Free Tribally Run Businesses [ ]  Commercial Tobacco-Free Tribal Housing [ ]  Commercial Tobacco-Free External Partners[ ]  Tobacco 21[ ]  Commercial Tobacco Retail Regulation**Tribal-specific milestones from program plan:** |
| Were any tribal-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 |
| Follow-up: |

**CESSATION**

|  |
| --- |
| Please report status of milestones, successes, challenges, partners engaged, and proposed changes to program plan. |
| **Strategy 1:** [ ]  Screening in Clinical Workflows[ ]  Screening in Social Service Agencies[ ]  Treatment in Clinical Workflows[ ]  Treatment or Referral in Social Service Agencies[ ]  Promote Quit Line and Cessation Services [ ]  Assess and Strengthen Cessation Benefits**Tribal-specific milestones from program plan:** |
| Were any tribal-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 |
| Follow-up: |

|  |
| --- |
| **Strategy 2:** [ ]  Screening in Clinical Workflows[ ]  Screening in Social Service Agencies[ ]  Treatment in Clinical Workflows[ ]  Treatment or Referral in Social Service Agencies[ ]  Promote Quit Line and Cessation Services [ ]  Assess and Strengthen Cessation Benefits**Tribal-specific milestones from program plan:** |
| Were any tribal-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 |
| Follow-up: |

|  |
| --- |
| **Strategy 3:** [ ]  Screening in Clinical Workflows [ ]  Screening in Social Service Agencies[ ]  Treatment in Clinical Workflows[ ]  Treatment or Referral in Social Service Agencies[ ]  Promote Quit Line and Cessation Services [ ]  Assess and Strengthen Cessation Benefits**Tribal-specific milestones from program plan:** |
| Were any tribal-specific milestones for this policy area completed during this reporting period?[ ]  Yes [ ]  No Briefly describe any milestones you have completed during this reporting period or activities you are currently undertaking to advance policy strategies in this area:*
 |
| Follow-up: |

**COMMUNICATION**

|  |
| --- |
| **What activities engaged tribal leadership, elders, decision makers, youth, and other tribal members?** |
| *
 |
| Follow-up: |
| **Were there any earned media activities (e.g., social media posts, news coverage)?** |
| [ ]  Yes [ ]  NoIf yes, please briefly describe:*
 |
| Follow-up: |

**OTHER**

|  |
| --- |
| **Please provide any additional information about activities in your community that relate to TPEP objectives.** |
|  |

**SECTION C: Training and Technical Assistance**

|  |
| --- |
| **What training(s) or technical assistance did you receive?** **Include HPCDP and other sources.** |
| From HPCDP: *
 |
| From other sources: *
 |

**SECTION D: Opportunities**

|  |
| --- |
| **How did you engage in local or regional collaboration?** |
|  |
| **Did you have an opportunity to either provide or receive mentoring from another grantee? If so, please describe that experience.** |
|  |
| **How did you address any barriers to forward movement on your program plan objectives?** |
|  |

**SECTION E: Summary**

|  |
| --- |
| **Commendations**  |
|  |
| **Additional Notes, Comments, or Recommendations** |
|  |

 **SECTION F: Program Progress**

|  |  |
| --- | --- |
| [ ]  Exceeding expectations | Comments:  |
| [ ]  Meeting expectations | Comments:  |
| [ ]  Opportunities for improvement | Recommended Next Steps:  |