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  No  If 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  No  If 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**

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| --- |
| **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**

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

**SECTION F: Program Progress**

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