

**California Department of Education  
Tobacco-Use Prevention Education Program  
Youth Engagement to Address Tobacco Related Health Disparities Grant  
Project Plan and Activities Matrix**

(For completion and inclusion in the application following the narrative section. For consortium applications, applicants must provide a matrix for each district named in the application.)

Applicant District Name: \_\_\_\_\_

Participating School Name(s): \_\_\_\_\_

County Office of Education: \_\_\_\_\_

**Part I—General Service Information**

**A. Number of Students to be Served by Grade**

**Number of Students in Participating Schools (For Nontraditional Schools, Please select NT)**

6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_

12 \_\_\_\_\_ NT \_\_\_\_\_

**Unduplicated Number of Students To be Served**

6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_

9	_____	10	_____	11	_____
12	_____	NT	_____		

**Number of Students to Receive Multiple Services**

6	_____	7	_____	8	_____
9	_____	10	_____	11	_____
12	_____	NT	_____		

**B. Number of Parents to be Served by Child's Grade**

**Number of Parents in Participating Schools**

6	_____	7	_____	8	_____
9	_____	10	_____	11	_____
12	_____	NT	_____		

**Unduplicated Number of Parents To be Served**

6	_____	7	_____	8	_____
9	_____	10	_____	11	_____
12	_____	NT	_____		

**Number of Parents to Receive Multiple Services**

6	_____	7	_____	8	_____
9	_____	10	_____	11	_____
12	_____	NT	_____		

**C. Number of Staff to be Trained**

**Type of Training**

**1. General Tobacco Use Prevention Education Training**

Unduplicated Total: \_\_\_\_\_

**2. Tobacco Use Prevention Education Curriculum and Strategies Training**

Unduplicated Total: \_\_\_\_\_

**Part II—Program and Activity Selection**

Health Disparities applicants must indicate all programs and activities they intend to implement under this grant project. Activities must be identified for each grade level the applicant intends to serve under this application. Descriptions of evidence-based programs allowed for tobacco-use primary prevention and suggested programs for tobacco-use intervention, cessation, and youth development activities are provided on the Resource Page in Appendix 4.

Is research-validated or approved evidence-based primary prevention program(s) utilized?

Yes  No

If yes, please complete Section A.1 and move on to Section B. If no, please complete Section A.2 and continue over to Section B

**A.1. Required Primary Prevention Programs**

Please name research-validated or approved evidence-based primary prevention programs to be implemented below. Check the grade if a program is implemented at this grade level. Multiple grade levels can be selected for a program.

Program Name \_\_\_\_\_

\_\_\_\_\_

Grade:

NT  6  7  8  9   
10  11  12

Program Name \_\_\_\_\_

\_\_\_\_\_

Grade:

NT  6  7  8  9   
10  11  12

Program Name \_\_\_\_\_

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Grade:

NT  6  7  8  9

10  11  12

Program Name \_\_\_\_\_

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Grade:

NT  6  7  8  9

10  11  12

### **A.2. Locally Selected Primary Prevention Programs**

Please name locally selected primary prevention programs to be implemented below. Check the grade if a program is implemented at this grade level. Multiple grade levels can be selected for a program.

Program Name

Grade:

NT	6	7	8	9
	10	11	12	

Program Name \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

Program Name \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

Program Name \_\_\_\_\_

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Grade:

NT  6  7  8  9

10  11  12

I am **requesting a waiver** to use the program(s) listed below in place of the evidence-based primary prevention programs. Applicant must also complete Part IV– Program Waiver

Name of program applicant will implement in place of the approved evidence-based programs.

Program Name \_\_\_\_\_

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Grade:

NT  6  7  8  9

10  11  12

Program Name \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

Program Name \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

Program Name \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

**B. Required Intervention Activities**

Please name required intervention activities to be implemented below. Check the grade if a program is implemented at this grade level. Multiple grade levels can be selected for a program.

Intervention Activity \_\_\_\_\_

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Grade:

NT  6  7  8  9   
10  11  12

Intervention Activity \_\_\_\_\_

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Grade:

NT  6  7  8  9   
10  11  12

Intervention Activity \_\_\_\_\_

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Grade:

NT  6  7  8  9   
10  11  12

### C. Required Cessation Activities

Please name required cessation activities to be implemented below. Check the grade if a program is implemented at this grade level. Multiple grade levels can be selected for a program.

Cessation Activity: \_\_\_\_\_

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Grade:

NT  6  7  8  9   
10  11  12

Cessation Activity: \_\_\_\_\_

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Grade:

NT  6  7  8  9   
10  11  12

Cessation Activity: \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

**D. Required Youth Development/Youth Advocacy Activities**

Please name required youth development/youth advocacy activities to be implemented below. Check the grade if a program is implemented at this grade level. Multiple grade levels can be selected for a program.

Youth Development Activity: \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

Youth Development Activity: \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

Youth Development Activity: \_\_\_\_\_

\_\_\_\_\_

Grade:

NT  6  7  8  9   
10  11  12

**E. Optional Supplemental Activities**

Please name optional supplemental activities to be implemented below. Check the grade if a program is implemented at this grade level. Multiple grade levels can be selected for a program.

Supplemental Activity: \_\_\_\_\_

\_\_\_\_\_

Grade:

NT  6  7  8  9   
10  11  12

Supplemental Activity: \_\_\_\_\_

\_\_\_\_\_

Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

Supplemental Activity: \_\_\_\_\_

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Grade:

NT	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
		10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		

**Part III—Approved Evidence-Based Program Implementation**

Applicants are to provide sufficient information to indicate the applicant will implement the selected approved evidence-based program with fidelity to the research-based specifications for the program.

**Name of approved evidence-based program(s):**

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**Identify school site(s) at which the program will be implemented**

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**Who will have the primary responsibility for presenting lessons?**

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**Provide the number, length, and frequency of lessons**

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**What training will be given to program providers?**

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**Part IV—Program Waiver**

Must be completed if applicant is seeking to implement a primary prevention program in place of approved evidence-based prevention programs. Reproduce this page as needed for additional programs.

Not applicable to this application

**Provide the name and a short description of the program for which the applicant is seeking this waiver:**

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**Explain why the applicant is seeking this waiver.**

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**Identify the school site(s) at which the program will be implemented**

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**Who will have the responsibility for presenting lessons?**

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**Which of the listed instructional strategies does the proposed program use?  
Check all that apply:**

Immediate and long-term undesirable physiologic, cosmetic, and social consequences of tobacco use

Reasons that adolescents say they smoke or use tobacco

Peer norms and social influences that promote tobacco use

Refusal skills for resisting social influences that promote tobacco use

Information regarding the dangers of e-cigarette use

**Provide the number, length, and frequency of lessons**

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**What training will be given to program providers?**

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**Has the program been evaluated?**

Yes  No

**If “Yes”, describe the evaluation process and outcomes.**

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**If “No”, provide evidence that the program will be effective in preventing tobacco-use and describe how the program will be evaluated for effectiveness during the duration of the grant.**