**California Department of Education**

**PROJECT PLAN AND ACTIVITIES MATRIX**

(For completion and inclusion in the Cohort K Tier 2 Application following the narrative section)

**Applicant Agency:** Click here to enter text.

**District Name:** Click here to enter text.

**Part 1—Program and Activity Selection**

Tier 2 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 research-validated programs allowed for tobacco-use primary prevention and suggested programs for tobacco-use intervention, cessation, and youth development activities are provided in Appendix 4.

**Required Research-Validated Primary Prevention Programs**

|  |  |  |
| --- | --- | --- |
| Grade level(s) at which the applicant proposes to implement the program | Select the title(s) of proposed **prevention activities** for each grade level  | Number of students projected to receive this program annually |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |

**Required Intervention Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Select the title(s) of proposed **intervention activities** for each grade level | Number of students projected to receive this activity annually |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Identify the activity and justify the selection of “Other” for any grade level –  |  |

**Required Cessation Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Select the title(s) of proposed **cessation activities** for each grade level | Number of students projected to receive this activity annually |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Identify the activity and justify the selection of “Other” for any grade level –  |  |

**Required Youth Development/Youth Advocacy Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Select the title(s) of proposed **youth development/advocacy activities** for each grade level | Number of students projected to receive this activity annually |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Identify the activity and justify the selection of “Other” for any grade level –  |  |

**Optional Supplemental Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Provide a short description of any proposed **supplemental activities** for each grade level | Number of students projected to receive this activity annually |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |

**Applicant Agency:**

**Part 2—Program Implementation**

Construct a chart in the exact format as shown. In the left column, copy the school tobacco-use prevention needs listed in Section V.B.5. For the second column, copy the names of the programs/activities. You may break some needs into subcategories as described in the body of this Request for Applications. For each need or subcategory, complete the columns to the right.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified School****Tobacco-Use Prevention Education Needs****Identify site(s) at which activity will occur**  | **Primary Prevention Programs, Supplemental Prevention Activities, and Intervention/Cessation Activities** | **Target Groups****Include number of students impacted and amount of time involved in project** | **Process Measures****We will know if we are successfully implementing the planned project if:** | **Outcome Measures****We will know we are reaching our goals if:** | **Time Line/ Responsibility****Include how often and by which staff or agency services are provided** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**California Department of Education**

**PROJECT ACTIVITIES MATRIX**

(For completion and inclusion in the Cohort K Tier 2 Application following the narrative section)

**Applicant Agency: XYZ Unified**

**District Name: XYZ Unified**

**Part 1—Program and Activity Selection**

**SAMPLE**

Tier 2 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 research-validated programs allowed for tobacco-use primary prevention and suggested programs for tobacco-use intervention, cessation, and youth development activities are provided in Appendix 4.

**Required Research-Validated Primary Prevention Programs**

|  |  |  |
| --- | --- | --- |
| Grade level(s) at which the applicant proposes to implement the program | Select the title(s) of proposed **prevention activities** for each grade level  | Number of students projected to receive this program annually |
| Grade 7 | Botvin's Life Skills Training | 400 |
| Grade 8 | Botvin's Life Skills Training | 500 |
| Grade 9 | Botvin's Life Skills Training | 500 |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |
| Choose a grade level. | Choose an activity. |  |

**Required Intervention Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Select the title(s) of proposed **intervention activities** for each grade level | Number of students projected to receive this activity annually |
| Grade 7 | Smokeles School Days: Smokeless Saturday School | 15 |
| Grade 8 | Smokeles School Days: Smokeless Saturday School | 20 |
| Grade 9 | Craving Identification Management (CIM) | 20 |
| Grade 10 | Craving Identification Management (CIM) | 20 |
| Grade 11 | Craving Identification Management (CIM) | 30 |
| Grade 12 | Craving Identification Management (CIM) | 30 |
| Choose a grade level. |  |  |
| Identify the activity and justify the selection of “Other” for any grade level –  |  |

**Required Cessation Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Select the title(s) of proposed **cessation activities** for each grade level | Number of students projected to receive this activity annually |
| Grade 9 | California Smokers Helpline | 15 |
| Grade 10 | California Smokers Helpline | 15 |
| Grade 11 | California Smokers Helpline | 15 |
| Grade 12 | California Smokers Helpline | 15 |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Identify the activity and justify the selection of “Other” for any grade level – **SAMPLE** |  |

**Required Youth Development/Youth Advocacy Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Select the title(s) of proposed **youth development/advocacy activities** for each grade level | Number of students projected to receive this activity annually |
| Grade 9 | Involvement in Anti-Tobacco Advocacy | 50 |
| Grade 10 | Involvement in STAKE Act or other Sting Operations | 10 |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Choose a grade level. | Choose an item. |  |
| Identify the activity and justify the selection of “Other” for any grade level –  |  |

**Optional Supplemental Activities**

|  |  |  |
| --- | --- | --- |
| Grade level of target population | Provide a short description of any proposed **supplemental activities** for each grade level. | Number of students projected to receive this activity annually |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |
| Choose a grade level. |  |  |

**Part 2—Program Implementation**

Construct a chart in the exact format as shown. In the left column, copy the school tobacco-use prevention needs listed in Section V.B.5. For the second column, copy the names of the programs/activities. You may break some needs into subcategories as described in the body of this request for applications. For each need or subcategory, complete the columns to the right.

| **Identified School Tobacco-Use Prevention Education Needs****Identify site(s) at which activity will occur**  | **Primary Prevention Programs, Supplemental Prevention Activities, and Intervention/Cessation Activities** | **Target Groups****Include number of students impacted and amount of time involved in project** | **Process Measures****We will know if we are successfully implementing the planned project if:** | **Outcome Measures****We will know we are reaching our goals if:** | **Time Line/ Responsibility****Include how often and by which staff or agency services are provided** |
| --- | --- | --- | --- | --- | --- |
| Prevention curriculum for general population(Einstein, Schweitzer, and Marshall Middle Schools)  | Botvin’s LifeSkills Training Curriculum **SAMPLE** | Fifteen lessons presented to all seventh grade students in a semester health classTen lessons presented to all eighth grade students in science classFive lessons presented to all ninth grade students in science classThree-hour online training for all health teachers and Physical Education instructors | All 15 seventh grade sessions; 10 eighth grade lessons and 5 ninth grade lessons are presented to all students as indicated by teacher logsAll health teachers and science instructors complete training as evidenced by submission of certificate of completion | 30-day use of cigarettes prevalence declines as reported on California Healthy Kids Survey (CHKS)Student perception of harm in smoking will increase as reported on CHKS | Project coordinator meets with teachers at the beginning of the year to discuss trainingTeachers submit training certificates to project coordinator by the end of the first quarterTeachers submit instruction logs to project coordinator each semester |
| Intervention activity for students as an alternative to suspension(Einstein, Schweitzer, and Marshall Middle Schools; Kennedy and Obama High Schools) | Smokeless School Days **SAMPLE** | Four-hour small group session for students who violate district Tobacco-Free PolicyTwo-hour session for parents of students attending sessionFifteen-minute presentation to all staff regarding district Tobacco-Free Policy and process for referring students to sessions | All students referred to Smokeless School Days session attend full student sessionAll parents of referred students attend parent sessionPresentations made at all participating school sites | Number of students referred declinesNumber of students reporting use of tobacco on campus in the past 30 days declines as reported on the CHKS | Student session conducted by district health teacher on a monthly basisParent session conducted by county heath educator on a monthly basisPresentations to school staff made by district project coordinator and health teacher at first staff meeting of yearReferral guidelines distributed to all staff by health teacher |
| Assistance for students seeking help in quitting tobacco use(Kennedy and Obama High Schools) | Craving Identification Management (CIM) | A school-based smoking intervention program designed for at-risk youth Staff will solicit participation from 25 Hispanic and 25 Native American youth and 50 other youth determined to be most at-risk | All students referred to CIM sessions attend full student session monitored by sign-in sheetsPresentations made at all participating school sites | Number of students referred declinesNumber of students reporting use of tobacco on campus in the past 30 days declines as reported on the CHKS | Student session conducted by district health teacher on a weekly basisReferral guidelines distributed to all staff by health teacher |

California Department of Education February 2015