DEPARTMENT: Human Services/Alcohol & Drug  BY: Cheryle Rutherford-Kelly
PHONE: 966-2442

RECOMMENDED ACTION AND JUSTIFICATION:

It is respectfully recommended that your Board: (1) approve of the department accepting a $738.66 grant from the Public Health Department if it is awarded; (2) affirm that the department head sign the certification of application; a

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please See Attached Memo.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please See Attached Memo.

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Financial Impact?  ( ) Yes  (X) No  Current FY Cost: $  Annual Recurring Cost: $  
Budgeted In Current FY?  ( ) Yes  (X) No  ( ) Partially Funded 
Amount in Budget:  $ 
Additional Funding Needed:  $ 
Source:  
Internal Transfer  
Unanticipated Revenue  4/5's vote  
Transfer Between Funds  4/5's vote  
Contingency  4/5's vote  
( ) General  ( ) Other  

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CLERK’S USE ONLY:  
Res. No. 04-580  
Vote - Ayes: 5  
Noes: 0  
Absent: 0  
Approved  
( ) Minute Order Attached  ( ) No Action Necessary  
The foregoing instrument is a correct copy of the original on file in this office.  
Date:  
Attest: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
By:  
Deputy  

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COUNTY ADMINISTRATIVE OFFICER:  
Requested Action Recommended  
No Opinion  
Comments:  
The above will submit a board item and appropriate budget action if grant is awarded, to budget the funds.  

CAO:  

Revised Dec. 2002
November 8, 2004

TO: Members, Board of Supervisors  
Rich Inman, CAO
FROM: Cheryle Rutherford-Kelly  
RE: Alcohol and Drug Prevention Programs / Request to Accept a $740.00 Mini Grant from the Public Health Department

Recommendation

It is respectfully recommended that your Board: (1) approve of the department accepting a $738.66 grant from the Public Health Department if it is awarded; (2) affirm that the department head sign the certification of application;

Background/Information

The prevention staff has applied for money through a mini grant from Public Health that assists them with the cost of the Youth Summit. The Youth Summit provides youth an opportunity to attend alcohol, drug and tobacco free workshops.

The Department typically receives notice of the grant in the summer. However, the State has just recently released the money. While the department would normally request your permission to apply for these dollars, the turn around time was too short to do so. However, if your Board does not wish us to accept the money, we will not claim the grant if it is awarded.

Your Board granted permission for the department to use Grace Church for the Summit. This money, while not critical to the event, would nevertheless allow more students to attend. Attendance would increase because there would be money to pay for a second school bus to transport youth, another teacher/adviser would be hired, another student trainer would be awarded a stipend for their contribution, and additional food and publications would be made available to the youth.

Financial

The Youth Summit is paid through donations and mini grants received into the Alcohol and Drug budget unit 0403. No general fund dollars are used for this event.
Mariposa County Health Department
Tobacco Education Program

Request for Application
Cover Sheet

Date: 11/09/04

Amount Requested: $738.66

Group/Agency Name: Mariposa County Behavioral Health & Recovery Services
Mariposa Youth Summit; Mariposa County FNL Partnership

Mailing Address: P.O. Box 99

City: Mariposa  State: CA  Zip Code: 95338

Group/Agency Phone Number: 966-2000  Fax Number: 966-8251

Contact Person: Kathy Delaney  Title: FNL County Coordinator

Phone Number: 966-2000  Fax: 966-8251  E-Mail: kdelaney@mariposacounty.org

Name of Person authorized to bind organization Cheryl Rutherford Kelly

If a non-profit organization, please provide Fed. ID #

Date(s) of project December 10, 2004

What is the specific geographic region covered by this mini-grant? Mariposa County

What objective will this mini-grant address?

☐ Reduce Exposure to Secondhand Smoke in cars and homes –
  ■ Especially those with young children

☐ Cessation
  ■ Encourage special priority groups to educate individuals/groups about cessation services offered and/or develop a cessation curriculum that is culturally appropriate for their population.

Has your group previously received a Mariposa County Health Department, Tobacco Education Program mini-grant?

☐ Yes  ☐ No  ☐ Unknown

If yes, what year(s)? 2003
Certification of Application

THE APPLICANT CERTIFIES THAT: To the best of my knowledge and belief, data in this application are true and correct. The application has been duly authorized by the governing board of the applying agency. I understand that any materials created under this grant are public domain and may be used and/or reproduced by the State of California or the Mariposa County Health Department, Tobacco Education Program. I understand that this is a public document and open to public inspections.

Signature: ___________________________ Date ___________________________

Cheryle Rutherford-Kelly, MSW
Mariposa County Human Services Department

(This section may be signed by the applicant or the program head person.)

Certificate of Acknowledgement

This signature acknowledges that I am aware of and approve of this application and also that the agency I represent will be awarded up to $1,000.00 in Mariposa County Health Department, Tobacco Education Program mini-grant funds per funding cycle.

Signature of the Mariposa County head agency/organization person (e.g., President, Chairperson, Commissioner, Committee, etc.)

Cheryle Rutherford-Kelly, MSW
Director, Mariposa County Human Services Department

(This section must be signed by the head person of the supervising/administrative agency.)

Mariposa County Health Department
Tobacco Education Program,
P.O. Box 5, 4988 11th Street
Mariposa, CA 95338
966-3689
1-800-459-4466

Revised 10/04
Mariposa County Health Department
Tobacco Education Program

CHECKLIST

To be completed and submitted with Application.

If any of the following is missing or not completed, your application will be returned to you for revision and may be resubmitted.

STEP 1. REQUIREMENTS
☑ One original and one (1) copy of the application (total - 2 copies)
☑ Application Cover Sheet completed and signed

STEP 2. ASSEMBLED APPLICATION SECTIONS
☑ "Request for Application" Cover Sheet
☑ Checklist Sheet (this page)
☑ Application Form
☑ Budget Worksheet
Project/Group Name: Mariposa Youth Summit

This form is for categorizing and itemizing your individual budget.

- Please itemize your expenses using the categories provided below (using only as many as you need).

- Provide an explanation for the expenses within each category, including the planned use for the money and the breakdown of the expense within each category.

- Do not leave any categories blank. If your project does not require a category, please mark with "NA" for "not applicable."

- Remember to include the expenses for tobacco education materials (brochures, incentives, prizes, etc. See #7 on the Application Form)

If you have any questions regarding the budget, please do not hesitate to contact the Mariposa County Health Department, Tobacco Education Program, at 966-3689 or 1-800-459-4466.
### Supplies (please itemize - pens, pencils, paper, etc.)
- Workshop supplies; mural rolled paper;
- Paints & markers; incentive (prizes); snacks
- **$50.00**

### Postage

### Travel ($0.37 per mile)
- 1 bus for participant transport
- **$75.00**

### Printing/Duplication

### Educational Materials:
- Doorknob hangers 150@ $.45= $67.50
- Tobacco Free Zone stickers 150@ 20= $30.00
- Earth stickers 150@ .15= $22.50
- Rulers 150@ 1.60= $240.00
- T-shirts 10@ 5.50= $55.00
  (Plus tax & s/h)
- **$488.66**

### Promotional and Incentive Items

### Speaker
- Special speaker stipend
- **$125.00**

### Equipment Rental

### Insurance (activity specific)

### Media

### TOTAL BUDGET REQUEST
- **$738.66**

Please list in-kind contribution and approximate value (if any):

- **$250.00**

Please list financial contributions (donations, grants, etc.):

- **$1500.00**

**TOTAL Donations**

- **$1750.00**

Revised 10/04
Mariposa County Health Department
Tobacco Education Program

APPLICATION FORM

1. Which objective does this project address? Please check the appropriate box.
   - [ ] Reduce Exposure to Secondhand Smoke in cars and homes
     Especially those with young children
   - [x] Cessation
     Encourage special priority groups to educate individuals/groups about
     cessation services offered and/or develop a cessation curriculum that is
     culturally appropriate for their population.

2. Describe your:

   (1) Event/project
   
   The 3rd Annual Mariposa Youth Summit is a life skills conference for middle school students presented by high school students. Participants attend a variety of interactive workshops and general sessions during a daylong event designated as a school field trip.

   (2) Tobacco education project goals. What changes will this event/project bring in your organization and the community?

   Fifty youth and adults will learn ways to protect themselves from second hand smoke by participating in the tobacco education workshop.

   There will be increased community awareness regarding one’s right to a smoke-free environment as a result of a paper mural created by forty-five youth tobacco education workshop participants.

3. (A) Describe the specific tobacco education intervention activities and how they will be accomplished.
   - What exactly will be done? (Please be specific in describing your project)
     
     One Youth Summit workshop will be presented twice by three high school youth. It will focus on tobacco awareness including facts about second hand smoke through interactive games. Participants will advocate for “everyone’s right to a smoke-free environment” by creating a 4’ x 12’ paper mural to be displayed in the Mariposa Library.

     All 125 participants will receive promotional items and educational materials aimed at reducing exposure to second hand smoke. All participants will also have the opportunity to visit the Team O2 Van during the lunch break.

   - What target group will be reached by this project? Please discuss age, gender, special interest group (e.g., people interested in soccer, horticulture, etc.), number of people to be reached, etc.
     - Age(s): Middle school & high school youth; adults
     - Gender(s): Male & female
     - Number of people to be reached: 140
     - Other:
- What is the timeframe for planning this project and the actual date(s) of the event?
  - Planning:
    The Youth Summit is planned and implemented by the Mariposa Youth Council, the MCHS FNL Chapter and the Mariposa County Friday Night Live Partnership staff. Planning started in September 2004 and has been ongoing. Thirteen hours of youth planning meetings have been conducted thus far.

- Date(s) of event:
  December 10, 2004

- Where will it be held?
  Grace Community Church of the Sierras

(B) Will there be collaboration with any other community group or agency? □ Yes □ No

- If yes, please identify the group or agency and describe collaboration.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation Department &amp; Juvenile Justice Coordination Council</td>
<td>$1000</td>
</tr>
<tr>
<td>Sheriff's Department</td>
<td>300</td>
</tr>
<tr>
<td>Soroptomist Club</td>
<td>100</td>
</tr>
<tr>
<td>Mariposa Middle School PTSA</td>
<td>100</td>
</tr>
<tr>
<td>Rotary Club</td>
<td>Lunch for 150 people</td>
</tr>
<tr>
<td>CA Highway Patrol</td>
<td>Staff time &amp; promo items</td>
</tr>
</tbody>
</table>

4. How will you determine the project's success in achieving its goals? Appropriate evaluation data may include: any information that demonstrates change has occurred; changes can be in areas such as policies, knowledge, attitude, behavior, etc.

- Registration forms will indicate the numbers of participants
- Workshop evaluations forms will include a question regarding ways to protect yourself from second hand smoke
- Mariposa Library staff will estimate number of patrons that view mural

5. What are your plans to continue tobacco education activities after the mini-grant project is completed?

Mariposa County Friday Night Live Partnership conducts Friday Night Live and Club Live programs at MCHS, MMS, Coulterville/Greeley School and Lake Don Perdo School. Tobacco education activities are conducted in these groups around events such as Great American Smoke Out and Kick Butts Day. In addition the CA Friday Night Live Partnership provides tobacco education technical assistance and support for county FNL coordinators and staff.
6. Do you or your agency have any tobacco education experience? ☑ Yes ☐ No
   If yes, please briefly describe.

FNL County Coordinator, Kathy Delaney, has served on the Tobacco Education Coalition for over nine years. She has attended numerous conferences and workshops dealing with tobacco education and has extensive training in prevention program strategies.

7. Budget
   Please use the attached Budget Worksheet to figure your project budget needs.

   A Sample Budget Worksheet is also provided for your reference. * Please note that the applicant is expected to budget for tobacco education, promotional, and incentive items in their budget. The Tobacco Education Program will be happy to provide resource information for these items and it may have some tobacco education materials available to share with groups working on mini-grant projects.

Mail or hand deliver applications for mini-grants to:
   (faxed copies will not be accepted)

Mariposa County Health Department
Tobacco Education Program
P. O. Box 5, 4988 11th Street
Mariposa, CA 95338
966-3689
1-800-459-4466