



## Grant Writing, Funding Development, and More

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Grant program:	Youth Tobacco Prevention Program
The subject area:	Youth Tobacco Prevention
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### Executive Summary

The \_\_\_\_\_ (\_\_\_\_\_) has identified Friends Who Engage in the Problem Behavior, Alienation and Rebelliousness, Early Initiation of the Problem Behavior, Family Management Problems, and Favorable Parental Attitudes and Involvement in the Problem Behavior as the community's prioritized risk factors. These risk factors were identified based on data showing child abuse and neglect cases in fourth quintile and rising, foster care placements higher than the state average and rising, adolescent pregnancies high and rising, birth to teen girls in fourth quintile for state, and drug use during pregnancy high and rising. Other data showed alcohol arrests (age 10-14) almost twice the state average, drug arrests for adolescents higher than the state average, high rates of guns in school, and 9.1% of students participating in gang activity.

With these needs in mind, the \_\_\_\_\_ has chosen the Across Ages Program, which will address all of the prioritized risk factors and fill identified gaps in services. The chosen program addresses all four domains (Family, Community, School, and Individual/Peer) with implementation activities targeted throughout a variety of public and private agencies and organization. Key activities of the project will incorporate school, family, and community-based approaches through the Across Ages Mentoring Program.

The mission of Across Ages is to serve as a comprehensive intergenerational mentoring initiative that has been successful in helping youth navigate the difficult course through the early

teen years. Originally designed as a school-based program for substance abuse prevention, the model was expanded to address multiple risk/protective factors and can be utilized as a wide-ranging prevention strategy in a variety of settings.

The centerpiece of Across Ages is the involvement of older adults as mentors for youth ages 9 to 15. In addition to spending time with their mentors, children in Across Ages are involved in community service activities that benefit the neighborhoods around their schools, and they receive classroom instruction to cope with stress and promote positive decision-making. The program also provides support to children's teachers, parents, and family members through workshops, recreational events and counseling or referral. Students remain in the program for a minimum of one year. Successful mentor-youth matches, however, are often maintained for at least three to four years.

### **Experience of Organization**

#### ***Experience in developing/conducting youth prevention programs***

#### ***Experience in providing programs specific to youth tobacco use prevention***

The \_\_\_\_\_ has experience in developing and conducting youth prevention programs. Currently, the \_\_\_\_\_ is implementing a number of programs targeting middle schools students, high school students, families in conflict, and a community wide project aimed at reducing underage alcohol use. All of these programs are monitored and evaluated by a professional evaluator contracted by the Coalition. School targeted approaches involve the implementation of the Adolescent Transitions Program (ATP), and the Project Towards No Drug Abuse (TND). ATP involves presenting 12 lessons to students in grades 6<sup>th</sup> through 8<sup>th</sup> and is aimed at reducing drug use, improving problem solving and communication skills, and encouraging positive

behaviors. The program also includes a parent curriculum aimed at enlisting parents to help encourage these behaviors. TND involves presenting 12 lessons to H.S. students age 14-19 aimed at reducing drug use. These programs focus specifically on youth tobacco use prevention.

Family focused projects involve the implementation of the Strengthening Families Program (SFP). The program addresses the prevention, early intervention, and treatment of behavior problems that include substance abuse and other related disorders. Services include 12 lessons focused on the youth, parents, and family each in their own sessions in an agency setting. SFP also provides incentives for families and provides childcare to families with younger children to eliminate the barriers to participation. SFP has been rigorously evaluated in a number of studies with experimental designs. The approaches have been found to be effective in improving youth behavior, and in improving family relationships.

### ***Experience promoting programs and results in the community***

The \_\_\_\_\_ is also implementing a comprehensive environmental strategy targeting community change on alcohol. Communities Mobilizing for Change on Alcohol (CMCA), recognized by CSAP as an exemplary program in 1999, aims to reduce the flow of alcohol to young people from illegal sales and from the provision of alcohol to youth by adults. The model involves assessing the community, creating a core leadership group, developing a plan of action, building a base of support, implementing the action plan, institutionalizing the changes, and evaluating the efforts. Activities may include media activities, promotion of model ordinances, and encouraging alcohol compliance checks. Much of this project is focused on promoting programs and the results of the programs in the community. The \_\_\_\_\_ has been highly successful in generating media coverage and promoting their programs.

### ***Experience in providing training for teachers/youth leaders***

The \_\_\_\_\_ has extensive experience, through their varied coalition members in providing training for teachers and youth leaders. The coalition has participation from almost every youth serving, family serving and social service agency in the county. Board Members include representatives from \_\_\_\_\_ Community Services Board (\_\_\_\_\_), the \_\_\_\_\_ County Council on Domestic Violence, \_\_\_\_\_ Memorial Hospital, Healthy Families, the \_\_\_\_\_ Police Department, \_\_\_\_\_ County Schools, the \_\_\_\_\_ County Ministerial Association, \_\_\_\_\_ County Department of Social Services, the \_\_\_\_\_ County Sheriff's Office, The \_\_\_\_\_ Cooperative Extension Service, the \_\_\_\_\_ / \_\_\_\_\_ County Chamber of Commerce, the \_\_\_\_\_ County Workshop, Concern Hotline, and local businesses. The \_\_\_\_\_ reflects the make up of \_\_\_\_\_ County in diversity of race, gender, and youth (see appendix #2).

The \_\_\_\_\_ has continually increased the capacity of the community to address youth health issues pertaining to substance abuse, violence, and other issues. In addition to the accomplishments listed above, the coalition has undertaken a comprehensive community needs and resource assessment effort. This effort involved broad support from the community, collecting extensive archival data, providing agency reports of activities and accomplishments, and administering the PRIDE Survey to students in grade 6<sup>th</sup> through 12<sup>th</sup>.

Until recent years, \_\_\_\_\_ County had little political will and community support to face the problems of the community. However, in the 1989-1990 school year, with a drop out rate of 14.3%, over eight times the state average, the school system made a decision to face this major issue and begin to address the problem. Since that time, \_\_\_\_\_ County Schools has reduced its drop out rate to 4.7%, only slightly higher than the state average. Shortly after the start of this effort, in 1994, the \_\_\_\_\_ was formed. The coalitions first task was to bring community leaders

together to begin a dialogue about community health needs. The coalition began by asking local healthcare, human service, and community leaders to complete a community health survey (see appendix #1) to begin to identify community needs.

This original survey identified teen health issues/substance abuse (including tobacco), mental health, and teen pregnancy as the top three issues facing the community. A second community health need identified was the need for classes to teach parenting skills. The coalition has achieved several goals since it established these priority health needs identified through the 1994 survey. The coalition, in conjunction with \_\_\_\_\_ County Middle School, implemented the “Teen Smart” program, a nurturing and preventative services program for at risk students.

The coalition also supported the implementation of the “Becoming a Love and Logic Parent” program through the \_\_\_\_\_ Cooperative Extension Service. The hospital and the \_\_\_\_\_ County Department of Social Services (\_\_\_\_\_) offered support in getting the program started and the \_\_\_\_\_ County Council on Domestic Violence and the Fraternal Order of Police have provided scholarships for parents who cannot afford the registration fee. The coalition has also supported the local mental health Community Service Board (CSB) to offer “Step” parenting classes to local families.

The coalition has been established as the \_\_\_\_\_ County School Health Advisory Board. In this capacity, the coalition assists the local school system with the development of school health policy and the evaluation of school health status, health education, and school health services. The school system has been an active and involved partner in the coalition and has developed a progressive and responsive attitude to address school health needs. \_\_\_\_\_ County

schools and the coalition have identified substance abuse, teen pregnancy, and child abuse and neglect as major health issues to address.

### ***Experience in evaluating programs***

The \_\_\_\_\_ contracts with a professional evaluator to evaluate all of their current programs and plans to continue this contractual arrangement for the evaluation of the Across Ages Program. This contracted evaluator has evaluated local, state, and federally funded projects. The evaluator is experienced in working with statewide evaluation efforts and is expert on evaluating program implementation and outcome evaluation data. Evaluated programs included programs from the Center for substance Abuse Prevention, Department of Criminal Justice Services, Alcoholic Beverage Control office, Department of Education, and many others. This extensive evaluation experience will prove invaluable in implementing the programs funded through \_\_\_\_\_.

## **Structure of Organization**

### ***Description of organizational structure***

Since 1994 the coalition has operated under the non-profit status of \_\_\_\_\_ Memorial Hospital. Although this arrangement has been functional, it has also limited the coalitions fund raising activities and its potential for growth. The coalition has recently become incorporated and will be designation as a 501 (C)(3) tax-exempt organization. The coalition will complete this process within the next 6 months. This independence opens new opportunities for growth that the coalition plans to take full advantage of. The tax-exempt status will allow the coalition to apply for grants that were previously unavailable to them and to expand their fund raising activities.

### ***Description of program integration into organizational structure***

The Across Ages Program fits well into the existing activities and services. The program will be housed in office space provided by \_\_\_\_\_ County Public Schools. The current Executive Director, who has extensive experience in volunteer recruitment and organization, will supervise the overall implementation of the program. A new, full time staff person will be hired to perform the day-to-day activities of the program.

### ***Description of program positions/qualifications of staff***

The \_\_\_\_\_ Program Director, will supervise the Across Ages program coordinator, the projects, and all of the program activities. Dee has extensive experience in designing and implementing programs and supervising staff and programs. The coordinator will work with the local school system, the Department of Social Services, and \_\_\_\_\_ Community Services. Overall program supervision will rest with the \_\_\_\_\_ Board of Directors. A project organizational chart showing all partners with administrative, advisory, supervisory, or direct responsibilities for the implementation of the project and job descriptions are attached (see appendix #4).

In addition, the \_\_\_\_\_ has garnered a tremendous amount of community support for this project. These supporters represent almost every youth serving and human service agency in the county. This support is evident in the attached letters of support and involves the commitment of staff, financial, and in-kind resources, with nearly 40% of the total project costs being assumed by the coalition and coalition partners. \_\_\_\_\_ County Public Schools (\_\_\_\_\_) has agreed to house the coordinator, provide telephone access, reception support, and supervision support.

## **Description of the target audience and need in community**

### ***Describe target audience, ie: city/counties to be impacted***

\_\_\_\_\_ County, \_\_\_\_\_ is a rural county located one and a half hours west of \_\_\_\_\_

The county is nestled in the beautiful \_\_\_\_\_ with the \_\_\_\_\_ running through it. The county is 92% White, 6% Black, 1 ½% Hispanic, and ½% Asian and Native American. Almost 25% of \_\_\_\_\_ Counties over 30,000 residents are under the age of 18. The county has had problems with teen pregnancies, children in foster care, and child abuse and neglect. All of these issues fall into the fourth quintile for \_\_\_\_\_ County.

The target population will be middle and high school youth. Although the program was originally designed for youth through age 15, the \_\_\_\_\_ may expand the age range up to age 17 depending on the needs of the community. Participants will be African-American, Asian, Hispanic, and White children, many of whom may live in poverty, experience repeated school failure, and have family members involved in drug use. Participants will be recruited from a variety of different sources including the school system, community agencies, Social Services, nursing and assisted living facilities, churches and others. It is expected that the majority of the youth participants will be from single parent families and will possess a number of risk factors.

### ***Provide evidence of need for program, ie: gaps in needed services***

The \_\_\_\_\_ has conducted a comprehensive needs and resource assessment over the past year (Appendix #3). This process has enabled us to identify priorities related to youth substance abuse, violence, and other high-risk behavior. The resulting needs assessment was gleaned from social indicator measures, key leader interviews and surveys, and focus group data. The process



also analyzed the PRIDE Survey data for \_\_\_\_\_ County students in grades 6 through 12. The survey data looked at trends from the last 3 PRIDE Surveys covering the last nine years.

Data was gathered from a multitude of sources, including \_\_\_\_\_ Community Services Board, the \_\_\_\_\_ County Council on Domestic Violence, \_\_\_\_\_ Memorial Hospital, \_\_\_\_\_ County Schools, and the \_\_\_\_\_ County Department of Social Services. All of this data was then analyzed in relation to the communities comprehensive local prevention plan, prepared by \_\_\_\_\_ Community Services Board. Finally, the process included an analysis of service gaps as they relate to environmental and policy issues. The preliminary data analysis found a total of ten areas that were at higher than acceptable levels. These areas were identified due to higher than average social indicator data or indicators that were shown to be on a continuous rise.

The risk factors identified were Availability of Drugs, Transitions and Mobility, Extreme Economic Deprivation, Family Management Problems, Favorable Parental attitudes and Involvement in the Problem Behavior, Family Conflict, Low Commitment to School, Early Initiation of the problem Behavior, Friends Who Engage in the Problem Behavior, and Alienation and Rebelliousness. A core group of community leaders met to prioritize these risk factors and to identify the top five priority risk factors to address immediately. The process identified the five prioritized risk factors of Friends Who Engage in the Problem Behavior, Alienation and Rebelliousness, Early Initiation of the Problem Behavior, Family Management Problems, and Favorable Parental Attitudes and Involvement in the Problem Behavior as the community's prioritized risk factors.

Friend Who Engage in the Problem Behavior was chosen based on PRIDE Survey data from \_\_\_\_\_ County Schools, teen pregnancy data from the \_\_\_\_\_ Department of Health, and

teen birth rate data from the Kids Count Data Book. The PRIDE Survey Data showed higher than national average rates of drug use for tobacco, marijuana, cocaine, alcohol, and hallucinogens. \_\_\_\_\_ County 6<sup>th</sup> graders tobacco use is 15% higher than the national average. This statistic gets worse every year with 12<sup>th</sup> grade students using at a rate 35% higher than the national average. Marijuana use is at a rate of 25% higher than the national average and 10<sup>th</sup> graders have nearly 35% higher rates. Cocaine use among 6<sup>th</sup> graders was more than twice the national average. Alcohol use (Beer) was higher for every grade level from 6<sup>th</sup> through 12<sup>th</sup> and hallucinogen use was higher for every grade except 7<sup>th</sup> grade.

Data from the \_\_\_\_\_ Department of Health showed a rising trend in adolescent pregnancies that has risen well above the state average. In 1998, \_\_\_\_\_ County showed 20.54 teen pregnancies per 1,000 female adolescents compared to the state average of 16.15. This reflects a rate 25% higher for local youth. Lastly, according to the Kids Count Data Book, \_\_\_\_\_ County falls into the fourth quintile for births to teen girls.

Alienation and Rebelliousness was chosen based on high rates of guns in school and gang participation identified in the PRIDE Survey. The survey also showed high rates of police involvement, suicidal thinking, and low rates of participation in school-sponsored activities. According to the PRIDE Survey, 3.1% of \_\_\_\_\_ County students have brought a gun to school in the past year (2.7% nationally) and 9.1% have participated in gang activity. Students who report getting in trouble with the police was about 10% higher than the national average and an astonishing 6.4% of students report thinking of suicide “often” or “a lot.” Lastly, only 38.9% of \_\_\_\_\_ County students report taking part in school sponsored activities, a known protective factor, compared to 82.3% nationally.

Early Initiation of the Problem Behavior was chosen based on data from the Kids Count Data Book and the \_\_\_\_\_ State Police. According to the \_\_\_\_\_ State Police, while juvenile arrests for drug violation have been down sharply throughout the state, juvenile arrests for drug violations in \_\_\_\_\_ County have been rising. \_\_\_\_\_ County had an arrest rate 25% higher than the state average. \_\_\_\_\_ County has also consistently had a higher rate of juvenile alcohol arrest violations than the state average.

Family Management Problems and Favorable Parental Attitudes Toward the Problem Behavior were chosen based on data on children in foster care and child abuse and neglect cases. Additional data on pregnant women receiving treatment for alcohol and other drug treatment was considered. According to the \_\_\_\_\_ Department of Social Services, foster care placements have almost doubled from 1996 to 1998. The average daily rate of children in foster care was 8.15 per 1,000 for \_\_\_\_\_ County and only 5.17 per 1,000 for the statewide average. Reported child abuse cases have also risen sharply in the past three years, with the greatest increase, 10%, in 1998.

The \_\_\_\_\_ readily admits that the community has not been proactive in addressing prevention needs. The community resource assessment reflects this lack of services and the inadequate state of prevention efforts in \_\_\_\_\_ County. In fact, the entire community as a whole has an incredible lack of services. Most available services are through the local school system, the Department of Social Services, or the local mental health Community Services Board. The coalition has now started a comprehensive effort to address these needs and to fill gaps in services.

The schools offer some alternative education programs aimed at reducing the drop out rate and serving high-risk students. However, until recently they have had no services directly addressing substance abuse. \_\_\_\_\_ has services targeting families, as does the local Community Services Board. Unfortunately, the services available do not focus on these prioritized risk factors. The coalition has made a decision to rectify these gaps in services by implementing appropriate services. The coalition has learned through the needs and resource assessment that these prevention issues will only get worse if ignored. It is critical that \_\_\_\_\_ County secure more funding and implement services to address these issues.

### ***Identification and justification of the number of youth to be served***

The Across Ages program is a one on one mentoring program that tremendously impacts the youth participants as well as the adult mentors. These relationships are fostered over time into close, lasting, and often lifelong relationships. Due to the intensity of the program and because it will be implemented in a small, rural community, the \_\_\_\_\_ expects to make between 25 and 50 youth mentor matches each year of the program.

### **Description of Compendium Program**

#### ***Clear reason for selecting the Compendium program***

The program objectives and activities for the Across Ages program are designed to increase youth's knowledge about and negative attitudes toward alcohol and tobacco use. The program also dramatically improves school attendance and increase academic competence. This knowledge tends to boost adolescents' self-esteem, problem-solving skills, and positive social support networks. The program works with parents to generate supportive involvement in

classroom and project activities, and foster collaboration among the service, aging, and educational systems for youth.

- School attendance was dramatically improved for students with exceptionally involved mentors and showed statistically significant improvement for all students with mentors.
- Older mentors changed students' knowledge and attitudes toward older people, school, and the future from pre- to posttest.
- Knowledge and attitudes toward alcohol, tobacco, and drug use changed from pre- to posttest for students with exceptionally involved mentors.

### **Across Ages Improves School Attendance**

Group	Mean Number of Absences (Years 1 and 3)	Result of <i>F</i> -test
Loaded Program (M.P.S.*)	15.4	
Reduced Version (P.S.**)	19.9	( $F_{2,447} = 4.58, p = .01$ )
Control Group	21.8	

\* Mentoring, Life Skills Curriculum, Community Service

\*\* Life Skills Curriculum and Community Service

The Across Ages program is a research-based mentoring initiative developed in Philadelphia, Pennsylvania, that successfully improved adolescents' social competence and enhanced their ability to resist alcohol, tobacco, and drug use. The original target population was African-American, Asian, Hispanic, and White middle-school youth ages 11 to 15, many of whom lived in poverty, experienced repeated school failure, and had family members involved in drug use. The unique and highly effective feature of Across Ages is the pairing of older adults with middle-school children to provide the children with positive, nurturing role models.

Across Ages can be implemented by a school or school district or by other organizations serving youth and their families, provided the local community has an adequate number of

concerned residents age 55 and older. Successful replication of the Across Ages model involves the teaming of elders to provide mentoring to youth, youth performing community service, youth learning problem-solving and resistance skills, and parental involvement.

### **Comments from Across Ages Participants**

*"At first I thought my friends would laugh at me, being out with this old person. But my mentor is all that. He listens to what I have to say--you know, asks questions and really listens. Everybody else just yells. I feel like I have a real friend."*

(Tom, age 12)

*"Now that I have Ms. Nancy to be with, I get along better with my mom and my sisters. We do things together and she makes me feel special."*

(Jasmin, age 13)

*"I get more out of this than the kids do. I'm having a second chance, just like a kid again."*

(Neal, age 62)

*"[Being a mentor] makes me feel worthwhile in this life. That's how I feel."*

(Elena, age 81)

### ***Description of additional components to the program***

Implementation of the Across Ages model involves intergenerational mentoring on a one-on-one basis, engaging youth in community service activities, training professional staff to administer a life skills curriculum, and providing weekend and evening activities to engage families, mentors, and youth. Fidelity instruments articulate the basic criteria for program implementation. Program staff will use the instrument to evaluate concordance of a replicated program model or strategy with the specifications of the original program model or strategy.

Recruitment and screening require fees for criminal background and child abuse checks, advertising, and transportation. Training and in-service meetings require training materials, food, transportation, and a room to accommodate mentors and staff people. Support for mentors includes an activity fund/stipend, tickets for sporting or cultural events, family activities, and

transportation. Agreements must be developed with participating organizations (e.g., nursing homes); program staff need to train youth, plan and prepare activities, conduct site visits, and lead follow-up discussions. Expenses include training materials, supplies for activities, and transportation. Planned jointly with participants and program staff, activities require promotional materials, transportation, space for participants, food, incentives for families, and money for tickets or fees.

### ***Marketing strategies to promote the program and results***

#### ***Efforts to coordinate message with statewide \_\_\_\_\_ marketing theme***

Marketing strategies to promote program results will be incorporated through out the life of the project. Much of this marketing will be done through presentations to local civic associations, churches, and other groups. The project will also make every effort to coordinate messages with the statewide campaign. We expect that many of the give away items and incentives will be printed with the \_\_\_\_\_ statewide campaign messages. This is likely to include t-shirts and other items. However, this program does not have a strong media/PR component.

#### ***Plan for evaluation of program to determine effectiveness, how population was identified***

As stated earlier, the \_\_\_\_\_ contracts with a professional evaluator to evaluate all of their current programs and plans to continue this contractual arrangement for the evaluation of the Across Ages Program. The evaluator will be measuring program success based on the goals and objectives outlined in the evaluation section of this proposal. Program implementation will be evaluated according to the implementation plan. This contracted evaluator has evaluated local, state, and federally funded projects. The evaluator is experienced in working with

statewide evaluation efforts and is expert on evaluating program implementation and outcome evaluation data. Evaluated programs included programs from the Center for substance Abuse Prevention, Department of Criminal Justice Services, Alcoholic Beverage Control office, Department of Education, and many others. This extensive evaluation experience will prove invaluable in implementing the programs funded through \_\_\_\_\_.

The Across Ages program has received many awards and professional acknowledgments including being recognized as one of 50 Presidential Teaching Examples (President's Summit on Volunteerism, 1997) and as an Outstanding Mentoring Model by Governor Tom Ridge (Pennsylvania's Education Mentoring Initiative, 1997), being selected as a national High Risk Youth (HRY) replication model in the Center for Substance Abuse Prevention's 1995 HRY Guidance for Applicants, and has been featured on Fox-TV Morning News Show (1997); ABC World News Tonight (1996); "Healthy Aging, Redefining America," a 1997 national public TV broadcast; and "The Heart of the Matter, Mentoring Against Drugs," a 1997 national radio broadcast. Finally, the program has been featured in several professional journals including publication in *Intergenerational Program Evaluation* (Haworth Press, Family and Youth Series, 1998), the *Journal of Gerontological Social Work* (1997), and the *Journal of Adolescent Research* (1996)

The Across Ages program addresses many of the known risk and protective factors for substance abuse and other problem behaviors.

Protective factors addressed:

Individual domain: Promotion of social competence

Family domain: Enhanced communication with parents and other adults

The presence of a significant adult



Peer domain: Responsible behavior modeled by peer group  
School domain: Increased motivation to succeed in school  
Community domain: Engagement of youth in positive activities outside school  
Youth given useful roles in community  
Youth viewed positively by the community

Risk factors addressed:

Individual domain: Youth already using alcohol, tobacco, or drugs  
Conduct problems  
Economically disadvantaged  
Family domain: Child of single parent  
Being a child of a substance abuser  
School domain: Poor academic performance  
High absenteeism

### **Proposed Workplan**

#### ***Clear and measurable goals and objectives***

**Goal #1: Reduce the number of alcohol related arrests (10-14) and juvenile Drug arrests by 10% as evidenced by State Police Records by 2004.**

**Objective 1-A:** Reduce by 10% the number of 6th-12th grade students reporting past month use of tobacco as measured by the PRIDE Survey in the year 2004.

Activity 1-A-1: Match at-risk youth with mentors.

Activity 1-A-2: Have youth and mentors do community service projects.

Activity 1-A-3: Sponsor annual get-togethers and activities for youth and mentors.

**Objective 1-B:** Reduce the number of incident of students possessing tobacco, alcohol, or other drugs in school to below the statewide average by 2004 as reported in the Kids Count Data Book.

Activity 1-B-1: Match at-risk youth with mentors.

Activity 1-B-2: Have youth and mentors do community service projects.

Activity 1-B-3: Sponsor annual get-togethers and activities for youth and mentors.

**Goal #2: To decrease the number of child abuse and neglect by 10% and children in foster care by 10% by 2004 as evidenced by data from the \_\_\_\_\_ Department of Social Services.**

**Objective 2-A:** Parental enforcement of rules and talking to their child about tobacco, alcohol, and other drug use will increase by 10% as measured by the PRIDE Survey results of 2004.

Activity 2-A-1: Match at-risk youth with mentors.

Activity 2-A-2: Have youth and mentors do community service projects.

Activity 2-A-3: Sponsor annual get-togethers and activities for youth and mentors.

**Objective 2-B:** Reduce by 10% the number of students reporting involvement with the police “often” or “a lot” as measured by the PRIDE Survey in the year 2004.

Activity 2-B-1: Match at-risk youth with mentors.

Activity 2-B-2: Have youth and mentors do community service projects.

Activity 2-B-3: Sponsor annual get-togethers and activities for youth and mentors.

### ***Clear methods to ensure successful completion of program***

The implementation timeline for the Across Ages program usually includes 6 Months of startup time. During this period, tasks include obtaining school support; developing agreements with community organizations; identifying targeted youth and contacting their families; recruiting, screening, and training mentors; and gathering materials. The implementation also requires time commitments for training mentors and youth prior to matching; matching mentors

and youth; monitoring mentor-youth matches; planning activities for mentor-youth pairs; training youth for community service; preparing monthly family activities, advertising family activities, ensuring attendance and conducting family activities.

Implementation of the Across Ages model involves intergenerational mentoring on a one-on-one basis, engaging youth in community service activities, training professional staff to administer a life skills curriculum, and providing weekend and evening activities to engage families, mentors, and youth. Fidelity instruments articulate the basic criteria for program implementation. Program staff will use the instrument to evaluate concordance of a replicated program model or strategy with the specifications of the original program model or strategy.

Recruitment and screening require fees for criminal background and child abuse checks, advertising, and transportation. Training and in-service meetings require training materials, food, transportation, and a room to accommodate mentors and staff people. Support for mentors includes an activity fund/stipend, tickets for sporting or cultural events, family activities, and transportation. Agreements must be developed with participating organizations (e.g., nursing homes); program staff need to train youth, plan and prepare activities, conduct site visits, and lead follow-up discussions. Expenses include training materials, supplies for activities, and transportation. Planned jointly with participants and program staff, activities require promotional materials, transportation, space for participants, food, incentives for families, and money for tickets or fees.

### ***Inclusion of strategies for youth empowerment***

The \_\_\_\_\_ is excited about having youth involved in our programs on an ongoing and continual basis. The coalition plans to take full advantage of this by recruiting the youth to help

form a youth Board, to engage in service projects, and to help determine the direction of the coalition in the future. We know that tobacco prevention programs that are youth centered and engage youth to use their unique talents are the most effective tobacco prevention programs. The coalition will use youth to help market the program, speak to community groups, and help in recruiting mentors. Their personal experiences and youth perspective will not only help the coalition reach new audiences, but it will also empower the youth and help to develop them as community leaders.

**Description of responsible staff with complete timeline**

ACTIVITY	July	August	September	October	November	December	January	February	March	April	May	June	Staff Responsible
	2002						2003						
	Hire Program Coordinator	X	X										
Staff Training	X	X											Program Coordinator
Community Support	X	X	X	X	X	X	X	X	X	X	X	X	Program Director
Establish Advisory Board	X	X	X	X	X	X	X	X	X	X	X	X	Program Director
Voluntary School Training	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Recruit Adult Mentors	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Background Checks	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Identify Youth Participants	X	X	X	X	X	X	X	X	X	X	X	X	School Teams
Recruit Families	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Training of Mentors	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Match youth and Mentors	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Mentor-Youth Activities	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Community Services	X	X	X	X	X	X	X	X	X	X	X	X	Program Coordinator
Life Skills for Youth			X	X	X	X	X	X	X	X	X	X	Program Coordinator
Training of Youth				X	X	X	X	X	X				Program Coordinator
Annual Activities							X				X		Program Coordinator
Evaluation of the Program	X	X	X	X	X	X	X	X	X	X	X	X	Contracted Evaluator

### ***Description of overall grant evaluation plan***

The grant will be evaluated according to the implementation plan and the stated goals, objectives, and activities. We will also be looking at the number of youth served and mentors recruited. At the conclusion of the first year of funding we will know we were successful if we were able to make at least 25 youth-mentor matches, maintain these matches through the year, host at least two large group events, have promising evaluation data, participate fully in the statewide evaluation, stay within our stated budget, and identify and secure alternative funding.

### **Community Resources/Collaboration**

#### ***Evidence of plans for collaboration in the community***

#### ***Description of roles of collaborating organizations***

The \_\_\_\_\_ has garnered a tremendous amount of community support for this project. This support is outlined in the attached letters of support (appendix #5) and involves the commitment of staff, financial, and in-kind resources. The \_\_\_\_\_ has agreed to house the coordinator, provide telephone access, reception support, and supervision support. \_\_\_\_\_ has also offered support by acting as the employer for the coordinator, providing clerical support, fringe benefits, and to conduct the interviewing and hiring process. \_\_\_\_\_ services will include the staff time of the Prevention Specialist to recruit families. The coalition will also partner with local nursing and assisted living facilities and the local faith communities to recruit mentors. All of these agencies committed staff time to receive training in the chosen models at no cost to the \_\_\_\_\_.

\_\_\_\_\_ TOBACCO SETTLEMENT FOUNDATION  
Project Budget Form - Page 1

A. Personnel – Staff salary and benefits (cannot exceed 50% of total \_\_\_\_\_ budget request)

Position	Annual Salary	% Time on Project	Amount Requested From _____	Other Contributions	Totals
Program Director	\$40,000	10%	\$0	\$4,000	\$4,000
Program Coordinator	\$28,000	100%	\$28,000	\$0	\$28,000
Fringe Benefits for Personnel (FICA, Health, etc.)			\$2,142	\$686	\$2,828.00
Totals			\$30,142	\$4,686	\$34,828

B. Consultants – Cost to utilize trainer, artist, or other contractor for short-term work.

Type of Expense	Rate/ Unit of Pay	Amount Requested From _____	Other Contributions	Totals
Training from Across Ages	Flat fee	\$6,000	\$0	\$6,000
Contracted Evaluator	Flat fee	\$2,000	\$2,000	\$4,000
Mentors	\$10/hour	\$0	\$14,400	\$14,400
Totals		\$8,000	\$16,400	\$24,400

C. Travel – Costs for Program staff to travel to implement programs and attend \_\_\_\_\_ training.

Type	Rate/ Unit of Rmbrsmnt	Amount Requested From _____	Other Contributions	Totals
Staff Travel		\$3,942		\$3,942
Consultant/Vol. Travel				
Client Travel			\$1,552	\$1,552
Totals		\$3,942	\$1,552	\$5,494

D. Rental Space or Equipment for Project – Cost of space, equipment rentals for training events.

Nature of Expense	Amount Requested From _____	Other Contributions	Totals
Equipment Rental	\$0	\$0	\$0
Space Rental	\$0	\$12,150	\$12,150
Totals		\$0	\$12,150

E. Materials – Educational materials, products, supplies, promotional products

Nature of Expense	Amount Requested From _____	Other Contributions	Totals
Program Development and Training Manual	\$75.00	\$0	\$75.00
Across Ages Training Video	\$65.00	\$0	\$65.00
Elder Mentor Handbooks (\$25.00 each X 100)	\$2,500.00	\$0	\$2,500.00
Elders as Mentors training video with Facilitator's Guide	\$25.00	\$0	\$25.00
Positive Youth Development Curriculum--Social Problem Solving Module	\$60.00	\$0	\$60.00
Evaluation Protocol	\$25.00	\$0	\$25.00
Other publications (\$5.00 each)	\$500.00	\$0	\$500.00
Handbook for parents, youth, and teachers (\$25.00)	\$2,500.00	\$0	\$2,500.00
Totals	\$5,750	\$0	\$5,750

F. Other Costs – printing, copying, postage, indirect costs

Nature of Expense	Amount Requested From _____	Other Contributions	Totals
Desktop Supplies	\$1,200	\$0	\$1,200
Copying/fliers/brochures printed	\$2,600	\$0	\$2,600
Advertising/Public Awareness	\$2,000	\$0	\$2,000
Background checks	\$5,000	\$0	\$5,000
CPU, monitor, and printer	\$1,500	\$0	\$1,500
Activities stipend (\$20 per month for 12 months for 30 matches)	\$7,200	\$0	\$7,200
Get togethers (80 Participants X \$20 per participant for 2 Meetings)	\$3,200	\$0	\$3,200
Program incentives such as T-Shirts, group activities, etc.	\$2,800	\$0	\$2,800
Refreshments for trainings	\$2,000	\$0	\$2,000
Administrative Fee (8%)	\$6,027	\$2,783	\$8,810
Totals	<b>\$33,527</b>	\$2,783	\$36,310

G. Total Budget

	Amount Requested	Other	Totals
<b>Total Amount of Funds</b>	<b>\$81,361</b>	<b>\$37,571</b>	<b>\$118,932</b>