

**Flavored Tobacco and Vaping Products Funding Opportunity  
New York City Department of Health and Mental Hygiene**

## **Application**

**DEADLINE: November 7, 2018 at 11:59 pm**

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### **Summary**

The New York City (NYC) Department of Health and Mental Hygiene (DOHMH) is pleased to announce the availability of funding for up to five (5) community organizations to implement a project to raise awareness of the health risks of flavored tobacco and vaping products, as well as the tobacco industry's targeted marketing practices, with a specific focus on youth ages 13-24. Through this funding, DOHMH seeks to energize and empower communities to reduce tobacco and electronic cigarette (e-cigarette) use among youth and young adults in NYC.

### **Background**

DOHMH has adopted a multi-pronged, community-informed strategy to engage with New Yorkers about the hazards posed by flavored tobacco and vaping products. Tobacco use is a leading cause of preventable death in the United States and NYC. Smoking affects every part of the body and causes health problems, including multiple cancers, diabetes, heart and lung diseases, asthma attacks, and premature birth/low-birth weight in babies. Nicotine, which is found in tobacco products and most e-cigarettes, is highly addictive. Nicotine can change the chemistry of the teen brain; it may affect learning, by worsening memory and concentration.

Tobacco products include, but are not limited to: cigarettes, cigars, cigarillos, smokeless tobacco (including chewing tobacco, snuff, and dip), pipes, snus, and dissolvables. Vaping products or e-cigarettes come in many forms, but they all have a heating device to turn e-liquid into vapor. Other names for vaping products include: e-cigs, e-hookahs, vapes, or vape pens. E-liquids usually contain nicotine, flavors, and other chemicals. Both tobacco and vaping products may contain flavors like menthol, candy, and fruit.

### **Why are we concerned about flavored tobacco and vaping products?**

Flavors get young people hooked on tobacco and vaping products. Flavors, including menthol, help mask the harshness of tobacco and create a more appealing product that is easier for new users, like teens, to tolerate. People who start with a flavored tobacco product are more likely to initiate and continue smoking than those who start with a non-flavored product.

Flavors have been identified as one of the top reasons for e-cigarette use among youth in the U.S. There were over 7,700 recorded flavors in 2014, and the market has only grown since then. Their increasing popularity among youth is alarming. Despite being on the market for fewer than 10 years, e-cigarettes were used by 17.3% of NYC public high school students in the past 30 days.

### **Eligibility**

To be eligible for this funding, applicants must be a nonprofit organization or a NYC certified Minority/Women-owned Business Enterprise (M/WBE). More information about M/WBE organizations can be found here: <https://www1.nyc.gov/nycbusiness/mwbe>.

### **Project Description**

Organizations will receive funding (up to \$12,000) to implement one of the two projects (described below). Project content will be created by the community organization and approved by DOHMH. Funds will be dispersed to the selected organizations upon completion and approval of the agreed upon deliverables and

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the submission of invoices with supporting documentation. Organizations can only submit one application. Applicants must select one project and describe how the proposed project will:

1. Address and raise awareness about flavored tobacco products, flavored vaping products, or both, using outreach materials developed by DOHMH.
2. Address at least one of the following factors that contribute to why youth smoke and/or vape, such as but not limited to:
  - a. peer pressure and/or presence of family members who smoke
  - b. product marketing, promotion, and/or availability
  - c. experiences of stress
3. Reach youth and young adults ages 13-24, people of color, and/or low-income communities
4. Reach influential residents and community leaders (e.g. civic leaders, community boards, elected officials)
5. Be completed by June 30, 2019

**\*\* NOTE:** *Extra consideration will be given to organizations that demonstrate that they can reach a significant number of people in their respective communities.*

Project Options	Project Proposal Activities
<b>1. Outreach Activities/Events</b>	<ul style="list-style-type: none"> <li>• Develop and implement a project to engage youth and young adults to collect and share experiences about the negative effects of flavored tobacco and/or vaping products on their friends, family or community. Activities can include, but are not limited to:               <ol style="list-style-type: none"> <li>1) Collecting interviews and/or personal stories (e.g., story banking, Photovoice, Picturevoice)</li> <li>2) Mapping and or/surveying neighborhood tobacco and/or vaping retailer density and product advertising</li> </ol> </li> <li>• Disseminate and promote selected activity(s) in multiple ways, including but not limited to:               <ol style="list-style-type: none"> <li>1) Social/digital media platforms</li> <li>2) Interactive event to showcase community-involved project to a wider audience. See example <a href="#">here</a>.</li> <li>3) Street outreach teams to promote event</li> <li>4) A Town Hall or Community Forum</li> <li>5) Opinion-editorial (op-ed) in local newspapers</li> </ol> </li> <li>• Measure reach and impact of activities</li> </ul>

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<p><b>2. Art installation</b></p>	<ul style="list-style-type: none"> <li>• Develop original art/content related to the hazards of flavored tobacco and/or vaping products. Content can include, but is not limited to:             <ol style="list-style-type: none"> <li>1) Reflections on the negative impact of these products</li> <li>2) Tobacco counter-marketing messages. Examples of counter-marketing can be found <a href="#">here</a>.</li> </ol> </li>   <li>• Disseminate or promote the art/content in multiple ways, including but not limited to:             <ol style="list-style-type: none"> <li>1) Interactive event to showcase art/content to a wider audience. An example of interactive event can be found <a href="#">here</a>.</li> <li>2) Promote art/content through digital/social platforms</li> </ol> </li>   <li>• Measure reach and impact of activities</li> </ul>
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**Requirements of Selected Organizations**

- Develop and implement selected project (one of the two possible options) as outlined in above table and as agreed upon with DOHMH.
- Submit all messaging or materials for DOHMH review and approval before planned dissemination. Do not include the DOHMH logo or attribution language on messaging or materials.
- Complete and submit all invoices to DOHMH within 30 days of activity completion.
- Participate in monthly meetings (in-person or by phone) with DOHMH to share updates and troubleshoot concerns.
- Avoid messages that call out any one brand or company.

**DOHMH Assistance:**

- Host an introductory training on flavored tobacco and vaping products to take place at DOHMH.
- Host monthly meetings to hear updates and help troubleshoot concerns.
- Provide oversight and administration including review of any/all materials and messaging.
- Strategize and support organizations to implement Project Proposal Activities.
- As requested, provide relevant data or literature to support partner strategy, health claims or messages.

**Questions about the Application**

If you have questions about the application process or wish to see the answers to questions that other organizations asked, please contact [tobacco@health.nyc.gov](mailto:tobacco@health.nyc.gov) by October 17, 2018 at 11:59 pm. Questions submitted after this date will not be answered. All questions will be compiled, answered, and emailed by October 24, 2018.

**Application due November 7, 2018 by 11:59 pm  
Email complete application to: [tobacco@health.nyc.gov](mailto:tobacco@health.nyc.gov)**

**Important Dates**

October 3, 2018	Application released
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October 17, 2018	Questions due by 11:59 pm to tobacco@health.nyc.gov
November 7, 2018	Applications due by 11:59 pm to tobacco@health.nyc.gov
November 26, 2018	Organizations notified of their selection
November 26, 2018 to January 15, 2019	Selected organizations work with DOHMH to process paperwork
January 15 through June 15, 2019	Project period

## Application Instructions

Please email complete application as attachments including: 1) application form, 2) supporting documentation, and 3) organization non-profit or M/WBE status documentation to tobacco@health.nyc.gov by November 7, 2018 at 11:59 pm. Selected organizations will be notified by November 26, 2018.

There are three components to a complete application:

Application Form

Please answer all questions in the space provided. All answers must be typed. Handwritten applications will not be accepted.

Supporting Documentation

Provide documents or video/photos (5 page/5 minute limit) demonstrating one example of similar work (see Application Question 5). If documentation is in a language other than English, please provide a complete translation of the item with the original content.

Organization W-9 (available online at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>), NYS certification of non-profit status, or M/WBE certification letter.

## Application Form

*All answers must be typed. Handwritten applications will not be accepted.*

### Organization Information

Organization Legal Name	
Address	
Website	

### Primary Contact Information

Name	
Job Title	
Work Telephone	
Email Address	

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**Secondary Contact Information**

Name	
Job Title	
Work Telephone	
Email Address	

**Project Option**

1. Indicate which project the organization will complete if selected. Check only one:

- Outreach activities/events
- Art installation

**Organization Background Information**

2. Tell us about the organization’s mission, key projects, and the communities served by the organization. (please limit response to space below or 1 page)

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3. Explain why the organization is interested in implementing the project selected above (question 1) and how the project will serve the organization's mission? (please limit response to space below or 1 page )

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4. Check whether the organization received financial or non-financial sponsorship from the tobacco or vaping industry or affiliated entities (e.g. Altria Group, Council for Tobacco Research, National Smokers Alliance) in the last two years.

No    Yes

**If yes**, explain why the sponsorship may/may not affect the organization's ability to effectively execute this project.

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**Implementation**

5. Describe a relevant previous or current community engagement project the organization has conducted. It can be about flavored tobacco or vaping but does not need to be. Please submit at least one piece of supporting documentation (planning documents, newspaper article, blog post, social media coverage) and please limit your response to space below or 1 page.



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6. Provide a detailed work plan (as an attachment) explaining how the organization will complete the project selected. Include the following in the response:
- content/focus of the project
  - proposed activities
  - timeline for implementation
  - process to estimate number of people reached and how many engaged
  - budget (optional)

**Reminder:**

Applicants must describe how the proposed project will:

- Address and raise awareness of flavored tobacco products, flavored vaping products, or both using outreach materials developed by DOHMH
- Address at least one of the following factors that contribute to why youth smoke and/or vape, such as but not limited to:
  - peer pressure and/or presence of family members who smoke
  - product marketing, promotion, and/or availability
  - experiences of stress
- Reach youth and young adults ages 13-24, people of color, and/or low-income communities
- Reach influential residents and community leaders (e.g. civic leaders, community boards, elected officials)
- Be completed by June 30, 2019

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**Agreement and Signature**

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if my organization is accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in disqualification.

Name (printed)	
Title	
Signature	
Date	

**Our Policy**

The DOHMH provides equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form.