

GRANT ANALYSIS FORM

OPERATING & CAPITAL GRANT PROJECTS/PROGRAMS

Department/Division: Health

Contact Person & Phone No: Patricia Fauteck, x8104

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|--|---------------------------|
| Category of Request | |
| <input checked="" type="checkbox"/> New Grant | |
| <input type="checkbox"/> Grant Continuation | Previous Council File No. |
| <input type="checkbox"/> Change in Previously Approved Grant | Previous Council File No. |

Project/Program Title: Circle of Friends

Grantor Agency: American Legacy Foundation

Grant Application Date: April 30, 2004

Anticipated Award Date: Unknown

Please provide the following information:

1. Description of Grant Project/Program (Include Target Locations and Populations):

The Circle of Friends Grant is a national movement to highlight the women in the United States, and to emphasize the importance of a support system for those who want to quit smoking. The purpose of the grant is to:

- Engage local organizations
- Assist women in quitting smoking more easily
- Help women ease the emotional hardship involved in smoking cessation
- Empower nonsmokers to support women who choose to quit and are attempting to break the habit
- Offer information and practical tools to encourage women to quit smoking and stay smoke-free

These goals will be achieved through comprehensive efforts that utilize the Circle of Friends 'best practice' materials provided by the grantor.

2. Relationship to City-wide Strategic Goals and Departmental Objectives:

Studies show that women who get social support are 50% more likely to quit smoking for good. There is a direct relationship between this project and the Health Department's commitment to focus on assessment, monitoring, and assurance that community prevention services are being addressed via the promotion partnerships/collaborations that involve the reduction of illness, disability and death related to tobacco use and exposure to secondhand smoke.

3. Need for Grant Funds and Impact on Other Departmental Operations (Applies only to Programs):

The need for this grant funding is essential to continue to promote and implement a citywide strategic plan to expand and positively impact the health of women in our community.

4. Results Measurement/Progress Report (Applies only to Programs):

5. Grant Period, Timetable and Program Phase-out Plan:

Application only, grant period is unknown.

6. Provide a List of Subgrantees:

N/A

7. If Possible, Complete Grant Budget Form and Attach.