Shaun McAuliffe <smcauliffe@hopkintonma.gov>

Fwd: Your Application Submission to the MetroWest Health Foundation

2 messages

Ben Sweeney <bsweeney@hopkintonma.gov> Thu, Apr 9, 2020 at 3:01 PM
To: Shaun McAuliffe <smcauliffe@hopkintonma.gov>

Success! Thanks for all your work and help on this, Shaun.

I hope things are going well.

Ben

---------- Forwarded message ---------
From: **MetroWest Health Foundation** <mail@grantapplication.com>
Date: Thu, Apr 9, 2020 at 3:01 PM
Subject: Your Application Submission to the MetroWest Health Foundation
To: <bsweeney@hopkintonma.gov>

Thank you for your submission. Your application has been submitted successfully, and the tracking number is 32718. Applications will be reviewed during the month of November. You will receive notification of the status of your application late November. For your records, here is a copy of the contents of your application.

Spring 2020 Grant Proposal
Thank You! Your application has been submitted.

General

Organization Information
Organization Name
Town of Hopkinton

Mailing Address
18 Main Street

Town	State	Zip Code
Hopkinton	MA	01748

Tax ID Number
04-6001186

Annual Operating Budget

89420748

Main Phone Number
5086253497

Organization Contact - Executive Director & Financial Officer
Executive Director First Name
Benjamin

Executive Director Last Name
Sweeney

Executive Director E-mail
bsweeney@hopkintonma.gov

Name of Financial Officer
Benjamin Sweeney

Organization Contact - Program Director
Program Director First Name
Shaun

Program Director Last Name
McAuliffe

Program Director Email
smcauliffe@hopkintonma.gov

Program Director Phone
(xxx)xxx-xxxx
(508) 497-9725

Collaborating Organizations (if any)
Collaborating Organization 1

Collaborating Organization 2

Collaborating Organization 3

Collaborating Organization 4

Project Information

Grant Initiative
Vaping Prevention, Cessation & Education

Project Title (Short)
Smoke Free 2.0 - Responding to the Youth Vaping Crisis

One Sentence Project Description
In the space below, describe your project in one short sentence.
Hopkinton's vaping cessation program offers a swift and innovative response that can be adapted by surrounding communities to prevent a new generation of young people from becoming addicted to nicotine products.

Project start date must be on or after June 1, 2020.

Project Start Date	Project End Date
7/1/2020	6/30/2021

Total Project Budget
60654

Total amount requested from MWHF
25000

Please note: If you are applying for Continuation Funding for a project previously funded by the foundation, the requested amount must be less than your prior year grant.

The total amount requested from MWHF represents what percent of your total project budget?
Enter number without percent sign. Example: 75
50

Total number of people to be directly served by this project
5000

Communities to be Served

Ashland
No

Bellingham
No

Dover
No

Framingham

No

Franklin
No

Holliston
No

Hopedale
No

Hopkinton
Yes

Hudson
No

Marlborough
No

Medfield
No

Medway
No

Mendon
No

Milford
No

Millis
No

Natick
No

Needham
No

Norfolk
No

Northborough
No

Sherborn

No

Southborough
No

Sudbury
No

Wayland
No

Wellesley
No

Westborough
No

Abstract & Logic Model

Proposal Abstract

In the space below, copy and paste your prepared abstract that summarizes the project. Limit of 150 words.

Proposal Abstract
In 2018 MetroWest Health Foundation awarded Hopkinton $18,682 that was instrumental in the launch of a pilot program designed to address vaping usage. The pilot was successful at reducing the number of vaping related suspensions by 75 to 90%, as well as increasing health and coping mechanism awareness that reduces youth vaping use. The school system's tobacco education programming was updated during the pilot. Vaping and cessation education, targeting 320 9th-grade students, was implemented in October 2019. Programming was scheduled for April 2020 but was rescheduled due to the COVID-19 emergency.

The program that we are proposing offers innovative solutions that, once fully established, can be replicated to other communities in the MetroWest. The Town is requesting a continuation grant to fully establish this program and integrate additional enhancements to improve service delivery, outcomes, and participation.

Logic Model - Key Activities and Timeline

In the boxes below, copy and paste your prepared Logic Model Key Activities and the Timeline for Activities.

PLEASE NUMBER THE ACTIVITIES WITH THE CORRESPONDING TIMELINES.

Key Activities	Timeline for Activities
1) Ongoing monthly relapse prevention and intervention 2) Rebranding of the pilot program to improve positive messaging, programing marketing and participation. 3) Parent, staff, and community awareness and coordination	1) September 2020 - June 2021 2)June/July/August 2020 3)June/July/August 2020 4) November 2020, April 2021

4) 9th and 11th Grade education

Logic Model - Outputs, Outcomes and Measurements.
Outcomes need to be limited to three. If you have more outputs and measurements, enter them in the applicable third row box.

Proposed Output 1	Measurement 1
Evaluation of impact to student's perception of harm	Compare program statistics to historical MetroWest data

Proposed Outcome 1
Creation of reproducible program and curriculum that can also be fluid and adaptable to respond quickly to future health crisis'

Logic Model (continued, if applicable)

Proposed Output 2	Measurement 2
In-school psycho-social support services and external access to psycho-social support services	Track individuals, graduation outcomes, intervention activity and external referrals,

Proposed Outcome 2
Improved middle and high school student awareness on hazards and health effects of tobacco and substance use. Reduced stress and anxiety through behavioral modification and healthy coping strategies

Logic Model (continued, if applicable)

Proposed Output 3	Proposed Outcome 3	Measurement 3
Publish vaping benchmark and statistics and school specific survey data.	Improved parent and faculty awareness on tobacco and drug products and paraphernalia,	Track web-site use, attendance, and program participation.

Attachments

Instructions for Uploading Attachments

All documents must be submitted online. Select the appropriate document title from the drop down menu and upload your file. Only attach documents listed on the drop down menu. Files must be Word, Excel or PDFs.

After your documents are uploaded, you must click on the "Review and Submit" button to review your application. You must then click the "Submit" button to transmit the application to the foundation.

You will receive an automated email that your application was successfully sent to the foundation.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR REVIEW.

Upload

The maximum size for all attachments combined is 25 Mb. Please note that files with certain extensions (such as "exe", "com", "vbs" or "bat") cannot be uploaded.

Form B: Budget and Budget Narrative
Budget - Town of Hopkinton Spring 2020 Application.xlsx

Form C: Narrative
Narrative - Town of Hopkinton Spring 2020 Application.pdf

Letters of Collaboration
Letter of Collaboration - Hopkinton Tobacco Initiative.pdf

Audited Financial Statements or 990
Hopkinton Financials 19.pdf

List of Organization's Current Board of Directors

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Benjamin Sweeney
Procurement and Grants Manager
Town of Hopkinton, Massachusetts
18 Main Street
Hopkinton, Ma. 01748
Phone: 508-625-3497

Shaun McAuliffe <smcauliffe@hopkintonma.gov> Tue, Sep 22, 2020 at 11:00 AM
To: Shaun McAuliffe <smcauliffe@hopkintonma.gov>, shaun_mcauliffe@yahoo.com

[Quoted text hidden]
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Shaun McAuliffe, RS, MPH
Health Director
Town of Hopkinton
18 Main Street
Hopkinton, MA 01748
(508) 497-9725