

TSET FY25 Communities Resource Guide

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## Purpose

TSET Healthy Incentive Grants for Communities are designed to help cities and towns adopt and implement best and promising practices for tobacco-free city property, access to healthy and nutritious foods, and physical activity for the benefit of the whole community.

## **Application Period**

Applications are accepted during the two open periods of the state fiscal year (July 1 – June 30).

For FY25, application periods are open during the following times:

- October 25, 2024 November 22, 2024
- March 3, 2025 March 28, 2025

#### Applications will not be accepted after 4 p.m. Central Time on the last day of the application window.

Applicants are encouraged to apply early, as applications are considered on a first come, first served basis.

## **General Eligibility**

Any incorporated city/town/municipality in the state of Oklahoma may apply.

## **Eligibility of Previous Incentive Grant Recipients**

A city that has received prior TSET Incentive Grant funding is welcome to apply and could be eligible to receive the difference of the previous award up to the maximum award amount under this funding opportunity. A city must submit an application that meets all new program requirements for the classification (Bronze, Silver, or Gold) for which they are applying.

Communities that have previously received TSET Incentive Grant funding will be evaluated on the policies, practices, and implementation of criteria from past incentive grant(s) by TSET staff prior to submission of an application for additional funding.

All previous TSET Incentive Grants must have submitted final documentation for the previous grant(s) and the grant(s) must have been closed satisfactorily to be eligible for submission under this funding announcement.

To inquire about the status of a previously funded incentive grant for your organization, contact TSET Grants Management at <a href="mailto:grantsmanagement@tset.ok.gov">grantsmanagement@tset.ok.gov</a>.

#### Criteria

Criteria for the grant have been developed using evidence-based practices for tobacco control, access to healthy and nutritious foods, and active living, with emphasis on higher impact policies and actions to improve community health. Documentation of having met each criterion is required from the city. Each application is reviewed based on specific criteria in the areas:

- 1. City's tobacco-free city-owned property ordinance;
- 2. Promotion of Oklahoma Tobacco Helpline;

- 3. Promotion of Shape Your Future website;
- 4. City has workplace wellness champion(s);
- 5. City's workplace wellness;
- 6. Decreasing youth access to tobacco;
- 7. Increasing access to healthy foods; and
- 8. Increasing access to active living.

Specific criteria and required documentation, as well as additional information and sample policy language are included in the FY24 HIGC Grant Criteria and Resources document.

## **Funding**

Funding award classification is determined based upon the following:

- 1. City's adopting a 100% comprehensive tobacco free city property ordinance;
- 2. City's **promotion of** the **Oklahoma Tobacco Helpline** and **Shape Your Future** campaigns throughout the community;
- 3. City's development, strength & implementation of a Worksite Wellness policy;
- 4. City's actions focused on **decreasing youth access** to tobacco;
- 5. City's actions focused on increasing access to healthy food;
- 6. City's actions focused on increasing active living opportunities; and
- 7. **Population** size of the city/town.

| Community<br>Classification/Size <sup>1</sup> | Bronze Class | Silver Class | Gold Class | Maximum<br>Combined |
|---|--------------|--------------|------------|---------------------|
| Rural – up to 4,299                           | \$10,000     | \$12,000     | \$14,000   | \$36,000            |
| Small – 4,300 up to 9,999                     | \$10,000     | \$15,000     | \$25,000   | \$50,000            |
| Medium – 10,000-29,999                        | \$24,000     | \$36,000     | \$60,000   | \$120,000           |
| Large – 30,000+                               | \$30,000     | \$45,000     | \$75,000   | \$150,000           |
| OKC/Tulsa                                     | \$40,000     | \$60,000     | \$100,000  | \$200,000           |

The program provides overarching criteria for three award classifications: Bronze, Silver, or Gold. The classification is based upon review of the submitted documents. Funding amounts are cumulative, so if a city's criteria qualify at the gold level, the maximum funding amount is awarded. Applicants may be awarded at incremental levels and funding amounts are cumulative. Cities meeting the criteria at the Silver class must also meet the criteria at the Bronze class. Cities meeting the criteria at the Gold class must also meet the criteria at the Bronze and Silver classes.

For example, if a city achieves the criteria for the Gold class in the first year (which means that the city must also have met the requirements for the Bronze and Silver classifications), the city is awarded the amounts for Bronze and Silver in addition to the award amount for the Gold level. Thus, the city would be awarded the amount in the Maximum Combined Funding column.

Funding for this program varies each year and TSET may receive more applications than current funding can support.

<sup>&</sup>lt;sup>1</sup> City size/population includes five categories: Rural, Small, Medium, Large, and OKC/Tulsa. The latest census counts are utilized to determine the size of the city. There are more than 590 incorporated towns and cities in Oklahoma.

- Funding does not require a match, but cities are encouraged to use these funds for match with other funding opportunities.
- ➤ Grant funds must be utilized and documentation of project completion must be submitted to TSET within one year of approval by the TSET Board of Directors.
- A city may only receive funding one time during the fiscal year.

## Suggested Use of Funds

Cities awarded grant funding will apply the funds to advancing any health criteria they believe best address the needs and opportunities in their communities. Cities are encouraged to utilize the funding for projects that enhance wellness activities in their geographic areas of poorest health. TSET reserves the right to approve, deny, or—with the awarded grantee—modify any proposed uses of TSET funds.

#### \*\*Remember all funds MUST be spent within one year from date of award.\*\*

Examples for use of funds:

- Walking trails
- Lighting for parks and trails
- Farmers market venues
- Community gardens
- Basketball and tennis courts
- Bicycle lanes/bike racks
- Outdoor physical activity equipment
- Splash pads/improvements to community pools
- Engineer or architects' services to develop walkability plans

### Notification of Award

All eligible applications will be presented to the TSET Board of Directors for funding consideration. Applicants will be notified of their award status within one (1) business day of the TSET Board of Directors meeting at which the applications are considered. Notification will be made via email to the authorized official listed on the application forms. Awarded applicants will have 60 days from notification of award to complete all required contract documents as indicated by TSET. Failure to complete all required contract documents by the date stated in the award letter may result in forfeiture of award.

Applicants who are not awarded funding due to incomplete or otherwise ineligible applications or due to a lack of funds available will receive an email notification from TSET within one (1) business day of the TSET Board of Directors meeting at which the applications are submitted. Notification will be made via email to the authorized official listed on the application forms. Unfunded applicants are eligible to submit a new application during the next funding cycle.

## **Payment**

Grantees need not first expend funds or provide invoices in order to receive their award from TSET.

Award payment will be made upon submission of all required contract documents which are issued via email by TSET Grants Management to the authorized official. Failure to submit all requested documents within 60 days of receipt of the email from TSET Grants Management may result in forfeiture of award.

## **Grant Period**

The grant period shall be for one year from the date of approval by the TSET Board of Directors. All project work and TSET-required reporting must be completed during the grant period.

## Reporting Requirements

A final report must be completed and submitted to TSET within one (1) year of approval by the TSET Board of Directors. Failure to submit the final report may result in ineligibility for future TSET funding opportunities.

## **Evaluation**

TSET evaluates all its grant programs for effectiveness and impact. Awardees of an incentive grant must participate in a program evaluation when called upon to do so by TSET.

## **Contact Information**

Questions pertaining to any aspect of the grant may be directed to <a href="mailto:grantsmanagement@tset.ok.gov">grantsmanagement@tset.ok.gov</a>.

## Step-by-Step to Application Submitttal

- STEP 1: Review & Research: Have you checked to see if your community was previously funded? Review <u>all</u> the details provided in this Community Resources Guide. Research to see if your community has previously received funds from the Healthy Incentive Grant program. You can check the list of previous awards on our website: <a href="https://oklahoma.gov/tset/funding-opportunities/tset-healthy-incentive-grants-communities.html">https://oklahoma.gov/tset/funding-opportunities/tset-healthy-incentive-grants-communities.html</a>
- STEP 2: Inform of Interest in Applying: Have you let TSET know that you plan to apply?

  It is highly recommended that a representative from your city or town email TSET Healthy Incentive Grant Program Manager, at <a href="https://HIG@tset.ok.gov">HIG@tset.ok.gov</a>. Within the email, provide community contact person(s)'s information, a summary of your idea for use of funds, and state you are interested in applying for the "Healthy Incentive Grant for Communities".
- STEP 3: Review Resources Guide: Have you reviewed the grant criteria?

  Detailed guidelines have been developed to support you in the application process. Review the specific criteria, documentation required to fulfill the criteria and helpful resources. Bookmark or print this guide for ease of reference during the application preparation process.
- STEP 4: Assemble Documentation: Have you assembled the required documentation?

Applicants shall gather and compile copies of the required documentation. Refer to the Checklist for Application Submittal. Please note, the application form only allows for 10 uploads, thus combining files may be necessary.

Please check and double-check that all required documents are included and in .pdf format before submitting your application.

STEP 5: Submit Application: Are you ready to submit your application?

Complete the Checklist for Application Submittal to ensure you have everything you will need. Submit the completed application to TSET via Smartsheet. <u>Applications submitted via any other method will not be accepted</u>. A sample application form is provided, linked below.

<u>Please note:</u> Smartsheet web forms do not allow the saving of data, so all information must be entered and submitted at one time. For technical assistance with submitting an application, contact <a href="mailto:grantsmanagement@tset.ok.gov">grantsmanagement@tset.ok.gov</a>.

## Application Link: <a href="https://app.smartsheet.com/b/form/1778c58716d34a43b4a891ef11b7daea">https://app.smartsheet.com/b/form/1778c58716d34a43b4a891ef11b7daea</a>

- Link will only be assessable during open application periods.
- Utilize the Sample Application Form on the Healthy Incentive Grant for Communities webpage: https://oklahoma.gov/tset/funding-opportunities/tset-healthy-incentive-grants-communities.html

# STEP 6: Receive Confirmation Email & Await Notification of Award: Have you received an email regarding application submittal and award or declination of award?

Once your application is submitted and you receive a confirmation email, the application has been placed into the queue for review in the order in which it was received. If you do not receive a confirmation email or have any questions after submission, contact <a href="mailto:grantsmanagement@tset.ok.gov">grantsmanagement@tset.ok.gov</a>.

Notification of award or declination of award will be sent via email after the board meeting, which occurs following the application period deadline.

#### **Additional Information**

- All required documents must be submitted with the application. Incomplete or improperly
  completed applications will not be eligible for review. Applications will only be reviewed based
  on information submitted to TSET on or before the submission deadline. Additional information
  will not be requested or accepted after the deadline.
- Only one submission per applicant organization will be accepted per funding cycle and additional information cannot be added to a submission after it has been uploaded. However, if after the date of submission but before the deadline date an applicant realizes a mistake in or omission from their proposal exists, the applicant may notify TSET in writing of the desire to withdraw the submitted application. An email stating the intent to withdraw a submitted application must be sent to TSET Grants Management at <a href="mailto:grantsmanagement@tset.ok.gov">grantsmanagement@tset.ok.gov</a>. The applicant may then submit an entirely new application package if the submission deadline has not passed. The original application will be released from its spot in the requests queue and the new application will be considered for review in the order that it is submitted.
- This funding opportunity may be accessed on the TSET website at <u>TSET Healthy Incentive Grants</u>
   Communities | Tobacco Settlement Endowment Trust

## **Detailed Grant Criteria**

This document is for the Healthy Incentive Grant for Communities and outlines the criteria, documentation required, and additional resources. There are different criteria for each classification level (Bronze, Silver, & Gold). Each criterion will require submission of documents to provide evidence of implementation.

- The first column aligns to the criteria.
- The second column lists the documentation required to fulfill criteria.
- The third column contains additional resources related to criteria requirements.

TSET strongly encourages all required documents to be compiled into a single pdf file prior to submission.

| Criteria: ALL Levels                          | Documentation Required  | Details and Resources  |
|---|---|--|
| Tobacco Funds Certification Form from TSET    | Provide a copy of the signed and dated Non-Acceptance of Tobacco Funds Certificate form from TSET.  | Appendix A: Non-Acceptance of Tobacco Funds Certification Form   |
| Tobacco-free City-owned<br>Property Ordinance | Provide a copy of your city or town ordinance.  Include proof of passage (e.g., council meeting minutes, presences on city website, or signature of authorized official and date  | Ordinance must be comprehensive and meet 100% of the elements outlined in the <u>sample ordinance</u> to receive funding award.  |
|   | ordinance was passed).  | Attachment B: Tobacco-Free City-Owned Property Checklist is a tool for which you can use to do a self-assessment of the ordinance prior to submission. This is intended to guide your ordinance development and not a guarantee for award. |
| Promote the Oklahoma Tobacco Helpline         | Provide documentation of how you promote the Oklahoma Tobacco Helpline within your community.   | The Oklahoma Tobacco Helpline offers nonjudgmental services to help Oklahomans quit tobacco.   |
|   | To indicate how the Oklahoma Tobacco Helpline is being promoted, include proof of promotion (e.g., links to city/chamber/local businesses' website, copies of flyers, photos of posted flyers & location, cities social media accounts, etc.) | Free Resources are available to assist in promoting the Oklahoma Tobacco Helpline in your community.   |
| Promote Shape Your Future                     | Provide documentation of how you promote Shape Your Future within your community.  To indicate how Shape Your Future is being promoted, include proof of promotion (e.g.,   | Shape Your Future supports Oklahomans' efforts to eat better, move more and be tobacco free.  Free Resources are available to assist   |
|   | links to city/chamber/local business' website, copies of flyers, photos of posted flyers & location, cities social media accounts, etc.)  | in promoting Shape Your Future in your community.  |

|   | BRONZE LEVEL   |  |
|---|--|--|
| Criteria  | Documentation<br>Required  | Details and Resources  |
| Workplace Wellness Champion(s) City has Workplace Wellness Champion, Team, or Committee   | Provide documentation of City's<br>Workplace Wellness Champion, Team,<br>or Committee.   | If the city has less than 10 full time paid employees, provide name and title of identified wellness champion, team, or committee.  If the city has more than 10 full time paid employees, provide names and titles of wellness team or committee members.   |
| Workplace Wellness  City Supports the Tobacco Ordinance and Assesses Employee Health Promoting Policies, Programs, and Activities | Provide a detailed summary of workplace wellness policy, programs, and activities.  Regarding tobacco- Provide statement of city's commitment to ensuring that your workplace is a tobacco-, smoke-, and vape-free environment, at all times.  Regarding nutrition and physical activity-Gather employee input on current and potential wellness policies, programs, & activities (e.g., surveys, focused discussion groups, etc.).  | Policy elements are outlined in the Sample Workplace Wellness Policy Resolution for Local Governments  |
| Decrease Youth Access City has a Youth Access to Tobacco Ordinance  | Include a copy of your current worksite wellness policy, if applicable. *  Provide a copy of the city's Youth Access Ordinance. The ordinance shall prohibit the sale, gifting or furnishing in any manner any tobacco product or vapor product to another person who is under 21 years of age.  To indicate that the ordinance has been passed by proper authorities, include proof of passage (e.g., signature of authorized official and date ordinance was passed, webpage link to publicly available ordinances, etc.). | Sample Youth Access to Tobacco Ordinance  Oklahoma ABLE Commission Contact Oklahoma ABLE Commission to report your city's enacted Youth Access to Tobacco ordinance.  Captain Erik Smoot, Erik.Smoot@able.ok.gov (405) 522-3117 (office) (405) 837-9740 (mobile)  Validate is a free resource to assist retail owners or employees in understanding the law and preventing the sale of tobacco to underage buyers. |

| Increase Access to Healthy   | Provide a detailed summary of the food retail environment in your community.       | SNAP Retailer Locator (arcgis.com)   |
|--|--|--|
| <u>Food</u>  | Include information on the availability of   | Oklahoma WIC Approved Grocers and  |
| City has Completed a Community<br>Assessment of the Food Retail<br>Environment | healthy food from community farmers' markets, corner stores and/or grocery stores. | Pharmacies  Healthy Food Access Example Videos   |
|  |  | Consider utilizing the Find, Afford, Choose,   |
|  | accept WIC, SNAP, and Senior Nutrition   | Use Framework on page 10 of the Partnering   |
|  | Vouchers within or nearby your   | with Local Governments to Create Healthy   |
|  | community.   | <u>Food Retail Policy Guidebook</u> to begin   |
|  |  | conversation within your community.  |
| Increase Active Living Opportunities   | Provide a detailed description of the community landscape as it relates to         | Sample Walkability Checklist   |
| City has Assessed the Community  | you have conected and analyzed that  | Sample Bikeability Checklist   |
| Landscape as it Relates to Active Living                                       | depict your community.   | Consider utilizing the Active Living and Transportation Playbook as a guide to help          |
|  | Examples of active living landscapes:  | communities partner work with local governments  |
|  | Park and open spaces, community based  | to create healthy, active streets and encourage  |
|  | social support programs, active  | active transportation. Also, utilizing the Planning,   |
|  | transportation infrastructure, etc.  | Building, & Implementing Active Transportation   |
|  | _ , , , , , , , , , , , , , , , , , , ,  | Infrastructure Fact Sheet as a tool for guidance   |
|  | Examples of data collection for active   | through active transportation projects.  |
|  | living:<br>Walkability/bikeability audits,   | The Community Park Audit Tool (CPAT) Guidebook and Community Park Audit Tool (CPAT) could be |
|  | photovoice projects, community park  | helpful tools as well.   |

audits, etc.

| Criteria: (Must meet Bronze level criteria)   | Documentation Required   | Details and Resources  |
|---|--|--|
| Workplace Wellness Champion(s) City has Workplace Wellness Goals  | Provide a copy of your documented worksite wellness goals.   | If the city has less than 10 full time paid employees, provide documented wellness goals for your city as identified by your wellness champion, team, or committee.  If the city has more than 10 full time paid employees, provide documented wellness goals for your city as identified by your wellness team or committee and a copy of the team or committee minutes from the most recent meeting. |
| Workplace Wellness City has a Worksite Wellness Policy and Provides Health Promotion Programs and Activities to Employees | workplace is a tobacco-, smoke-, and   | The policy must include at least the minimum number of elements for each section as identified below. Use the Sample Workplace Wellness Policy Resolution for Local Governments as a guide.  If the city has less than 10 full time paid employees-Wellness Program Support: 2 elements Nutrition: 8 elements Physical Activity: 4 elements  |
| Decreasing Youth Access  City has a Tobacco Zoning Ordinance  | Provide a copy of your Tobacco Zoning Ordinance. The ordinance shall prohibit the location of a tobacco/e-cigarette store within 300 feet of any playground, school or other facility being used primarily by persons under 21 years of age.  To indicate that the policy has been passed by proper authorities, include proof of passage (e.g., signature of authorized official and date policy was passed). | Sample Tobacco Zoning Ordinance  |

# **Increasing Access to Healthy Food**

City has Policies, Ordinances, Resolutions, and/or Legal Codes that Establish Support and Promote Farmers' Markets, Community Gardens, and/or Healthy Food and Beverage Options Provide a copy of your policies, ordinances, resolutions and/or legal codes, that have been adopted and implemented, to establish, support, and promote farmers' markets, community gardens, and/or healthy food and beverage options.

To indicate that the policy has been passed by proper authorities, include proof of passage (e.g., signature of authorized official and date policy was passed).

## Example policies, ordinances, resolutions and/or legal codes:

- Healthy Food Systems Resolutions
- Farmer's Markets-Land Use for Healthy Food Access
- <u>Farmer's Markets-Expansion</u>, <u>Development and Formalization</u>

# Increasing Active Living Opportunities

City has Policies, Ordinances, Resolutions, and/or Legal Codes that Establish, Support, and Promote Active Living

Provide a copy of your policies, ordinances, resolutions and/or legal codes, that have been adopted and implemented, to establish, support, and promote active living.

To indicate that the policy has been passed by proper authorities, include proof of passage (e.g., signature of authorized official and date policy was passed).

# Example policies, ordinances, resolution and/or legal codes:

- Comprehensive Plans
- Complete Streets Resolution
- Safe Routes to School Policy
- Shared Use Policy

Consider utilizing the <u>Planning</u>, <u>Building</u>, <u>&</u>
<u>Implementing Active Transportation</u>
<u>Infrastructure Fact Sheet</u> as a tool for active transportation projects.

|   | GOLD LEVEL  |   |
|---|---|---|
| Criteria (must meet Bronze and Silver level criteria)   | Documentation<br>Required   | Details and Resources   |
| Workplace Wellness Champion(s) City has Leadership Support for  | support for your workplace wellness policy, goals, and initiatives.   | Provide documentation of leadership support of the wellness goals and initiatives for your city, as identified by the wellness champion, team, or committee (e.g., letter   |
| Workplace Wellness Workplace Wellness   | Provide a copy of your current workplace  |   |
| City has a Workplace Wellness Policy<br>and Provides Health Promotion<br>Programs and Activities to Employees | promotion programs and activities offered to employees.  To indicate that the policy has been passed by proper authorities, include proof of passage (e.g., signature of              | minimum number of elements for each section as identified below. Use the Sample Workplace Wellness Policy Resolution for Local Governments as a guide.  If the city has less than 10 full time paid employees-Wellness Program Support:   |
|   | Regarding tobacco- Provide statement of city's commitment to ensuring that your workplace is a tobacco-, smoke-, and vape-free environment, at all times. This                        | Physical Activity: 7 elements If the city has more than 10 full time paid   |
|   | implementation and enforcement.  Regarding nutrition and physical activity- The Workplace Wellness Policy must include elements within each section to meet the minimum requirements. | Wellness Program Support: 5 elements Nutrition: 15 elements Physical Activity: 10 elements  |
|   |   | Attachment C: Workplace Wellness Checklist is a tool for which you can use to do a selfassessment of the policy prior to submission. This is intended to guide your policy development and not a guarantee for award.   |
| Decrease Youth Access  Tobacco Compliance Checks are conducted within the city                                | Include a copy of the publication notice.   | Oklahoma ABLE Commission Captain Erik Smoot, Erik.Smoot@able.ok.gov (405) 522-3117 (office)   |
| conducted within the city   | frequent underage tobacco checks are conducted in the community to identify and discourage illegal selling of tobacco and vapor products to minors and results are made public.       | (405) 837-9740 (mobile)  Validate is a free resource to assist retail owners or employees in understanding the law and preventing the sale of tobacco to underage buyers.  U.S. Food and Drug Administration compiles of list of Compliance Check Inspections of Brick and Mortar Tobacco Product Retailers |

### Increasing Access to Healthy Food

City has a Retail Brick-and-Mortar Location or has Permanently Recurring **Retail Opportunities that Ensures** Access to Healthy Foods and Offers Affordable Fresh Fruits and Vegetables • How have your policies, ordinances,

Provide a detailed description of the city's increased affordability of or access to healthy foods, within the last three years, including fresh fruits and vegetables.

Within your description include answers to the following:

- resolutions and/or legal codes, that were previously established, helped to increase support for brick-and-mortar locations or permanently recurring retail opportunities.
- In what ways has the city been able to increase affordability of or access to healthy foods (e.g., SNAP, Senior Vouchers at Farmers Markets, Double Up Oklahoma, etc.)? Who has benefited from that increased affordability and access?

Examples of brick-and-mortar locations: Convenience store, markets, grocery store Examples of permanently recurring retail: Mobile Markets, Farmer's markets

### Increase Active Living **Opportunities**

City Ensures the Residents have Access and Availability to a Community that Supports Active Living

Provide a detailed description of the city's recent efforts to increase access and availability for active living opportunities, within the last three years.

Within your description include answers to the following:

- How have your policies, ordinances, resolutions, and/or legal codes, that were previously established, helped to support and promote active living within your city?
- In what ways has the city been able to increase access and availability to support active living (e.g., infrastructure to support walking/biking, social support physical activity programs, etc.)? Who has benefited from that increased access and availability?

Examples of opportunities for active living: Enhanced or extended sidewalks in downtown, neighborhoods, or schools, improvements to parks, installation of safe crosswalks, new or extended trails, bike lanes, free or low-cost social support physical activity programs, etc.

## Attachment A: Non-Acceptance of Tobacco Funds

## Oklahoma Tobacco Settlement Endowment Trust Certification of Non-Acceptance of Tobacco Funds

| Organization/Grantee/Principal Investigator Name:  |                       |
|--|-----------------------|
|  |                       |
| The organization named above hereby certifies that during the term of the agreement with the Oklahoma Tobacco Settlement Endowment Trust it will neither have a direct or indirect affiliation or contractual relationship with a company or foundation engaged in or funded by the manufacture of tobacco, tobacco products, and/or electronic nicotine delivery system (ENDS), nor will it accept any type of funding from such a company or foundation. The organization further certifies that it will not engage in the manufacture of tobacco product during the term of the grant. This restriction does not apply to the growth or use noncommercial tobacco for ceremonial use. | ect<br>by<br>ms<br>he |
| CERTIFICATION  |                       |
| CERTIFICATION  |                       |
| I, the official named below, hereby swear that I am duly authorized legally to bind the gra recipient, contractor, or principal investigator (as applicable) to the above describe certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of Oklahoma.  | ed                    |
| I, the official named below, hereby swear that I am duly authorized legally to bind the gra<br>recipient, contractor, or principal investigator (as applicable) to the above describe<br>certification. I am fully aware that this certification, executed on the date below, is made  | ed                    |
| I, the official named below, hereby swear that I am duly authorized legally to bind the gra recipient, contractor, or principal investigator (as applicable) to the above describe certification. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of Oklahoma.  | ed                    |

## Attachment B: City's Tobacco-Free City-Owned Property Ordinance Checklist

The tobacco-free city-owned property ordinance must be comprehensive, meaning <u>all</u> of the elements within the checklist below must be present within the ordinance submitted for your Healthy Incentive Grant application. Utilize the checklist as a tool to review your ordinance and guide you in making necessary updates, to meet the criteria. Elements are indicated by a  $\square$  within each section below.

| •   | plication. Offlize the checklist as a tool to review your ordinance and guide you in making necessary updates,   |
|-----|--|
| to  | meet the criteria. Elements are indicated by a $\square$ within each section below.  |
| Pr  | ohibited Conduct:  |
|     | Policy prohibits <b>smoking</b> and the use of all $\square$ <b>tobacco products</b> and $\square$ <b>vapor products</b> on all municipal property, both $\square$ <b>indoor</b> and $\square$ <b>outdoor</b> .  |
| П   | The prohibition applies at all times.  |
|     | Note, even if not stated explicitly, this element can be checked provided there are no exceptions listed in the ordinance (i.e., specific times in which tobacco and/or vapor use is allowed).   |
| П   | The prohibition applies to every person on municipal property.   |
| _   | Note, even if not stated explicitly, this element can be checked provided there are no exceptions included in the ordinance (i.e., specific groups of people to whom the ordinance does not apply).  |
|     | If applicable, the prohibition applies to all vehicles owned by the municipality.  |
|     | equired Signs:   |
|     |  |
| _   | entrance to indoor property owned or operated by the local government that clearly states that smoking or tobaccouse is prohibited or that a tobacco-free environment is provided.   |
|     | ☐ Includes person or group responsible for posting the signage (local government, or specific individual / job title)  |
|     | ☐ Includes minimum size of the sign/decal (must be at least 4" x 2")   |
|     | ☐ Includes required content of signage (must state smoking or tobacco use is prohibited or that a tobacco-free environment is provided)  |
|     | Local government is responsible for posting weather resistant signage of at least 15" by 15" in size   |
|     | with at least 1" lettering at the entrance to outdoor areas owned or operated by the local   |
|     | government that clearly states that smoking or tobacco use is prohibited or that a tobacco- free   |
|     | environment is provided.   |
|     | <ul> <li>□ Includes person or group responsible for posting the signage (local government, or specific individual/job title)</li> <li>□ Includes minimum size of the sign (must be at least 15" x 15" with at least 1" lettering)</li> </ul>   |
|     | <ul> <li>Includes required content of signage (must state smoking or tobacco use is prohibited or that a tobacco-free<br/>environment is provided)</li> </ul>  |
| Pe  | nalties & Enforcement:   |
|     | Policy includes fines for violations.  |
|     | Note, Oklahoma state law provides that a violation of state law is punishable by a citation and a fine of not more than \$100. (See Title 21, section 1247(M).) Your community should determine the appropriate amount for fines, although they cannot exceed the amount in state law. |
|     | Policy designates a city or county agency responsible for enforcement.   |
|     | Note, a peace officer or code enforcement official may be listed as position responsible for enforcement.  |
|     | Possession of a lighted product is declared to be a nuisance.  |
| Sta | atutory Construction & Severability:   |
|     | Statutory construction and severability clause included.   |
|     | ☐ Statutory Construction Clause: It is the intent of [City/Town Name] to supplement applicable state and federal law and not to duplicate or contradict such law.  |
|     | ☐ Severability Clause: The provisions of this ordinance are severable, and the invalidity of any provision of the ordinance shall not affect other provisions of the ordinance, which can be given effect without the invalid provision.   |

#### Attachment C: Workplace Wellness Policy Checklist (specific for City/Town Governments)

The Workplace Wellness Policy must include elements within each section to meet the minimum requirements. Utilize the chart below to determine the minimum number of elements required for your city's workplace wellness policy, based on number of full-time paid employees. There are minimum requirements for each of the 5 sections: Wellness Program Support, Nutrition (High Impact), Nutrition (Other), Physical Activity (High Impact), & Physical Activity (Other).

|  | Five sections | for minimum ı | requirements | within the well | ness policy. |
|--|---------------|---------------|--------------|-----------------|--------------|
|  | Wellness      | Nutrition     | Nutrition    | Physical        | Physical     |
|  | Program       | (High Impact) | (Other)      | Activity        | Activity     |
|  | Support       |               |              | (High Impact)   | (Other)      |
| Silver Level Criteria:                         |               |               |              |                 |              |
| Less than 10 full time paid employees          | 2             | 6             | 2            | 3               | 1            |
| More than 10 full time paid employees          | 4             | 8             | 4            | 5               | 2            |
| Gold Level Criteria:                           |               |               |              |                 |              |
| Less than 10 full time paid employees          | 4             | 8             | 4            | 5               | 2            |
| City has more than 10 full time paid employees | 5             | 10            | 5            | 7               | 3            |

This table dictates the minimum number of elements required for each section, based on number of full-time paid employees and which level (Silver or Gold) you are aiming to achieve.

Below you will find a checklist that is divided into 5 sections as listed in the table above. Utilize the checklist as a tool to review your policy and guide you in making necessary updates to the policy, to meet the criteria for the award level you aim to achieve. Each element is listed with a  $\square$  in front, to utilize as a place to  $\sqrt$  off if it is within your policy. You do not need to submit the checklist with you grant application documents.

#### **Wellness Program Support**

- Establishing and providing support for a wellness committee, team, or champion to implement the Wellness Policy, to identify and pursue opportunities to improve health, and to monitor the success of the Policy.
   Making healthy choices easier by providing access to healthy food and beverage options, opportunities for physical activity, and tobacco, smoke, and vape free spaces and cessation support.
- 3. 

  Promoting these healthy options through appropriate communication resources, such as emails, message boards, posters, newsletters, webinars, and meetings.
- 4. 

  Establishing wellness programs and/or wellness champion(s) for employees and community, as applicable.
- 5. 

  Expanding wellness programs, resources, and benefits to make them available to family members of employees, as appropriate.
- 6.  $\Box$  Conducting ongoing evaluations of wellness policies and programs.
- 7.  $\square$  Hosting, Sponsoring, or Promoting health events, such as health fairs, classes, and races.

Total number of boxes checked of Wellness Program Support Elements

#### **Nutrition** (High Impact Elements)

| Promoting | Good Nutrition and Healthy Eating Habits (THROUGH ACTIVITIES AND SERVICES)  |
|-----------|---|
| 1.        | ☐ Providing nutrition education through activities, such as seminars, workshops, classes, meetings, and/or  |
| 2         | newsletters.  Hosting and/or sponsoring a farmers' market on company property or nearby that is open to community   |
| ۷.        | members.  |
| 3.        | ☐ Making cool drinking water available throughout the day at no cost.   |
| 4.        | ☐ Providing employees with access to a refrigerator, microwave, and sink with a water faucet.   |
|           | $\square$ Use individual and team competitions or challenges in combination with additional interventions to support employees making healthier choices (e.g., fruit and vegetable challenge, hydration challenge).               |
| 6.        | ☐ Promoting the purchase of healthy foods and beverages through practices such as pricing strategies, posting flyers, and/or using other communication tools.   |
| 7.        | $\square$ Pricing non-nutritious foods and beverages at a higher cost than nutritious foods and beverages.  |
|           | ☐ Identifying healthy food and beverage items with signs, symbols, and/or colors.   |
| 9.        | ☐ Seek input from employees to customize food and beverages sold and offered in the workplace that is nutrient dense and reflects personal preferences, cultural traditions, religious observances, and budgetary considerations. |
|           | ☐ Ensuring access to a private space (other than a restroom) that has an electrical outlet and providing flexible paid or unpaid break times to allow mothers to express breast milk and/or breastfeed.                           |
|           | Providing nutritional information on foods and beverages sold and offered in the workplace  |
|           | Standards (FOR MEETINGS AND/OR EVENTS)  75% of all beverages available at meetings or events contain no more than 40 calories per serving   |
| 12.       | (excluding 100 percent fruit juice and unsweetened milk).   |
| 13.       | ☐ All individual meal items contain no more than 480 mg of sodium per serving.  |
|           | ☐ All foods contain 0 grams of trans fat per serving.   |
| 15.       | ☐ All snack foods contain no more than 230 mg of sodium per serving (excluding refrigerated meals).   |
| •         | Standards (FOR VENDING)   |
| 16.       | $\Box$ 75% of beverages available in all vending machines contain no more than 40 calories per serving (excluding 100 percent fruit juice and unsweetened milk).  |
|           | $\square$ All individual meal items contain no more than 480 mg of sodium per serving.  |
|           | ☐ All foods contain 0 grams of trans fat per serving.   |
|           | $\square$ All snack foods contain no more than 230 mg of sodium per serving (excluding refrigerated meals). Standards (FOR CAFETERIA AND SNACK BARS)  |
| 20.       | $\Box$ 75% of beverages available for purchase in cafeterias or snack bars contain no more than 40 calories per serving (excluding 100 percent fruit juice and unsweetened milk).   |
| 21.       | $\square$ All individual meal items contain no more than 480 mg of sodium per serving.  |
| 22.       | ☐ All foods contain 0 grams of trans fat per serving.   |
| 23.       | $\square$ All snack foods contain no more than 230 mg of sodium per serving (excluding refrigerated meals)  |
| To        | tal number of boxes checked of Nutrition Elements (High Impact)   |
| Nutrition | (Other Policy Elements)   |
| Promoting | Good Nutrition and Healthy Eating Habits (THROUGH ACTIVITIES AND SERVICES)  |
| 1.        | ☐ Encouraging employees to bring healthy foods to special occasions like birthdays and retirement   |
| ว         | parties or celebrating with non-food items.   |
| 2.<br>3.  | <ul><li>☐ Offering smaller portion sizes.</li><li>☐ Market and promote foods and beverages that meet the requirements of the wellness policy.</li></ul>   |
|           | ☐ Promoting a farmers' market on Municipal property or nearby that is open to community members.  |
| 5.        | ☐ Implementing community use policy (if applicable, can include use of kitchen to offer cooking classes or other workshops to teach and promote healthy eating).  |
|           | and the second second second second second second   |

| 6         | ☐ Using and combining incentive programs.   | s with other strategies to increase participation in health promotion  |
|-----------|---|--|
| 7         | ☐ Using tailored health promotion   | n communications to ensure that they are accessible and appealing to lers, educational levels, job categories, cultures, language, or literacy |
| 8         | levels.  ☐ Incentivizes workplace weight Prevention.                                    | management programs such as CDC's Multicomponent Worksite Obesity  |
| Nutritio  | Standards (FOR MEETINGS AND/OF  | EVENTS)  |
|           |   | lable at meetings or events (excluding nuts and seeds without added fats,  |
|           | . •   | regetables without added caloric sweeteners) contain:  |
|           | no more than 200 calories per pag   |  |
|           | no more than 10 percent of total  | calories from saturated fat; and   |
|           | no more than 35 percent total cal   | ories from sugar.  |
| 1         | . $\ \square$ All milk and milk products will   | be unsweetened and non-fat or low-fat (1%).  |
| 1         | . $\square$ All juice will be unsweetened a   | and 100 percent juice.   |
| 1         | .   All vegetable juice will contain  | no more than 230 mg of sodium per serving.   |
| 1         | .   All foods are cooked without f  | rying (e.g., steaming, grilling, roasting, broiling, baking, poaching, or  |
|           | sautéing).  |  |
| Nutritio  | Standards (FOR VENDING)   |  |
| 1         |   | ing nuts and seeds without added fats, oils, or sweeteners, and fruits or  |
|           | _   | sweeteners) in all vending machines contain:   |
|           | no more than 200 calories per page  |  |
|           | no more than 10 percent of total  |  |
| _         | no more than 35 percent total cal   |  |
|           | -   | be unsweetened and non-fat or low-fat (1%).  |
|           | . All juice will be unsweetened   | ·  |
|           |   | no more than 230 mg of sodium per serving.   |
| 1         |   | rying (e.g., steaming, grilling, roasting, broiling, baking, poaching, or  |
| Nutritio  | sautéing).<br>Standards (EOD CAEETERIA AND SN   | ACV DADC\  |
|           | Standards (FOR CAFETERIA AND SN   |  |
| 1         |   | le in cafeterias and snack bars (excluding nuts and seeds without added fats, regetables without added caloric sweeteners) contain:            |
|           | no more than 200 calories per page  |  |
|           | no more than 10 percent of total  |  |
|           | no more than 35 percent total cal   |  |
| 2         |   | be unsweetened and non-fat or low-fat (1%).  |
|           | .   All juice will be unsweetened   |  |
|           | -   | no more than 230 mg of sodium per serving.   |
|           |   | rying (e.g., steaming, grilling, roasting, broiling, baking, poaching, or  |
|           | sautéing).  | . ,  |
| Additiona | Consideration when Selecting Even   | t Vendors  |
|           | ok for and select vendors that offer  |  |
|           |   | food and beverage provisions of this policy.   |
|           | _   | es, such as steaming, baking, roasting, and grilling.  |
|           |   | ch vegetables or fruits are the main ingredient.   |
|           | . $\square$ Offer a variety of distres in white $\square$ Serve condiments and dressing |  |
|           | <del>_</del>  |  |
|           | .   Serve foods that are appropriation  Comply with Oklahoma's Food                     | Service Establishment and Temporary Establishment Requirements.  |
|           |   |  |
|           | otal number of boxes checked of Nu  | itrition Elements (Other)  |

| <u>Physical</u> | Activity (High Impact Elements)   |
|-----------------|---|
| 1.              | $\Box$ Providing information about local resources and facilities, such as walking trails, community parks, and/or recreation facilities. |
| 2               |   |
| 2.              | ☐ Promoting stairwell use, if applicable, throughout the workday by making stairs appealing and/or posting motivational signs.            |
| 3.              | ☐ Using posters, pamphlets, and/or other forms of communication (specify, if applicable:  |
| 5.              |   |
| 4.              | ☐ Promoting employee participation in physical activity by creating exercise clubs, groups, and/or  |
|                 | sponsoring employee sports teams.   |
| 5.              | ☐ Providing employees with at least thirty (30) minutes of paid physical activity break time in addition to                               |
|                 | their regularly scheduled meal breaks.  |
| 6.              | ☐ Providing technology-based support (e.g., virtual or device-based coaching to help employees set and                                    |
|                 | monitor physical activity goals; step counters/pedometers/other wearable activity monitors combined                                       |
|                 | with goal setting, coaching, challenges, and feedback) to increase physical activity.   |
| 7.              | ☐ Providing flexible work arrangements to accommodate paid physical activity breaks.  |
| 8.              | ☐ Providing an on-site fitness facility or location (e.g., fitness room, gym).  |
| 9.              | ☐ Providing employees (and, if applicable, their families) with access to an off-site fitness facility,                                   |
|                 | including, but not limited to,  |
| •               | purchasing corporate memberships as part of the employee's benefit package,   |
| •               | subsidizing membership expenses, and/or   |
| •               | negotiating a discounted family rate for staff.   |
| 10              | . $\square$ Promoting physical activity through activities, such as seminars, workshops, classes, newsletters and/or meetings.            |
| 11              | .   Promoting short activity breaks throughout the workday.   |
| 12              | . $\square$ Using individual and team competitions or challenges in combination with additional interventions to                          |
|                 | support employees making healthier choices (e.g., steps challenge, exercise minutes challenge).   |
| 13              | .   Implement community/shared use policy (if applicable).  |
| To              | otal number of boxes checked of Physical Activity Elements (High Impact)  |
|                 | ( · · · · · · · · · · · · · · · · · · ·   |
| Physical        | Activity (Other Policy Elements)  |
| i iiysicai      | Activity (other rolley Elements)  |
|                 | $\square$ Providing safe and secure bicycle parking for employees and, if applicable, community members.                                  |
| 2.              | $\square$ Incorporating 10-minute physical activity breaks into every hour of sedentary meetings, trainings, and                          |
|                 | other workplace gatherings.   |
| 3.              | ☐ Promoting walking meetings.   |
| 4.              | $\square$ Providing access to an on-site changing room and/or locker room with a shower.  |
| 5.              | $\square$ Providing wayfinding signs placed at strategic locations to make people aware of walkable                                       |
|                 | destinations, including parks, recreational facilities, and other attractions.  |
| 6.              | $\square$ Providing employees with unpaid physical activity break time during their tour of duty in addition to                           |
|                 | their regularly scheduled meal breaks.  |
| 7.              | $\square$ Providing flexible work arrangements to accommodate unpaid physical activity breaks.  |
| To              | otal number of boxes checked of Physical Activity Elements (Other)  |

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# Final Checklist for Application Submittal

#### THINGS TO REMEMBER:

- 1) All required documents must be in PDF format
- 2) The application form allows for a maximum of 10 documents to be uploaded. You may need to combine some documents.
- 3) All documents must be entered and submitted at one time.

| ALL APPLICANTS:  |                                 |                   |   |  |  |  |  |
|--|---------------------------------|-------------------|---|--|--|--|--|
| <ul> <li>□ Oklahoma Tobacco Settlement Endowment Trust Certification of Non-Acceptance of Tobacco Funds form</li> <li>□ City's Tobacco Free Ordinance with proof of passage (e.g., signature of authorized official and date passed)</li> <li>□ City's Promotion of the Oklahoma Tobacco Helpline and Shape Your Future</li> </ul> |                                 |                   |   |  |  |  |  |
| BRONZE APPLICANTS:   |                                 |                   |   |  |  |  |  |
| ☐ Workplace Wellness Champion(s): Documentation of workplace wellness champion, team, or committee name(s) and titles  |                                 |                   |   |  |  |  |  |
| $\square$ Workplace Wellness: Detailed summary of information gathered as it pertains to current and future wellness policy,   |                                 |                   |   |  |  |  |  |
| programs, and activities. Including city's commitment to tobacco free workplace.   |                                 |                   |   |  |  |  |  |
| ☐ Decrease Youth Access: City's Youth Access to Tobacco Ordinance  |                                 |                   |   |  |  |  |  |
| ☐ Increase Access to Healthy Foods: Community Assessment of the Food Retail Environment  |                                 |                   |   |  |  |  |  |
| ☐ Increase Active Living Opportunities: City Assessment of Community Landscape as it Relates to Active Living  |                                 |                   |   |  |  |  |  |
| SILVER APPLICANTS:  Workplace Wellness Champion(s): Documentation of workplace wellness goals  Workplace Wellness: City's worksite wellness policy and description of health promotion programs and activities offered to employees  |                                 |                   |   |  |  |  |  |
| Wellness Program Support   | Nutrition                       | Physical Activity |   |  |  |  |  |
| If the city has less than 10 full time paid employees:   |                                 |                   |   |  |  |  |  |
| ☐ 2 elements   | ☐ 8 elements                    | ☐ 4 elements      |   |  |  |  |  |
| If the city has <u>10 or more</u> full time paid employees:  |                                 |                   |   |  |  |  |  |
| ☐ 4 elements   | ☐ 12 elements                   | ☐ 7 elements      |   |  |  |  |  |
| <ul> <li>□ Decrease Youth Access: City's Tobac</li> <li>□ Increase Access to Healthy Foods: C beverage options</li> <li>□ Increase Active Living Opportunities</li> </ul>  | ity's policy, ordinance, etc. 1 |                   | · |  |  |  |  |

| GOLD   | APPLICANTS:  |                               |                                  |                          |  |  |  |  |
|--|--|-------------------------------|----------------------------------|--------------------------|--|--|--|--|
|  | rkplace Wellness Champion(s): Datives                          | ocumentation of leadership    | p support for workplace wellr    | ness policy, goals, and  |  |  |  |  |
| $\square$ Wo   | rkplace Wellness: City's workpla                               | ce wellness policy and desc   | ription of health promotion p    | rograms and activities   |  |  |  |  |
| offered to employees   |  |                               |                                  |                          |  |  |  |  |
|  | Wellness Program Support                                       | Nutrition                     | Physical Activity                |                          |  |  |  |  |
|  | If the city has <u>less than 10</u> full time paid employees:  |                               |                                  |                          |  |  |  |  |
|  | $\square$ 4 elements   | $\square$ 12 elements         | ☐ 7 elements                     |                          |  |  |  |  |
|  | If the city has <u>10 or more</u> full time paid employees:    |                               |                                  |                          |  |  |  |  |
|  | ☐ 5 elements   | $\square$ 15 elements         | $\square$ 10 elements            |                          |  |  |  |  |
| ☐ Decrease Youth Access:   |  |                               |                                  |                          |  |  |  |  |
| Documentation of Tobacco Compliance Checks conducted within the city in the previous 6 months including a copy of      |  |                               |                                  |                          |  |  |  |  |
| the publication notice   |  |                               |                                  |                          |  |  |  |  |
| ☐ Increase Access to Healthy Foods: Detailed description of the city's retail brick-and-mortar location or permanently |  |                               |                                  |                          |  |  |  |  |
| recu   | urring retail opportunities that endering the last three years | •                             |                                  |                          |  |  |  |  |
| ☐ Incr   | ease Active Living Opportunities                               | : Detailed description of the | e city's recent efforts to ensur | re residents have access |  |  |  |  |

and availability to a community that supports active living, within the last three years