New Jersey Department of Health Division of Family Health Services Office of Tobacco Control GASP MONTHLY ACTIVITY REPORT

Instructions:

This report is to be completed referencing the current Administrative Guidelines to Attachment C; all definitions and/or explanations can be obtained there. This entire report must be completed (typed); if a section is left blank, please provide the reason on the report. If additional space is needed for any section, please feel free to attach additional pages. Please remember to attach all required supporting documents; in addition, for clarity, you may attach any unrequired supporting documents and/or information. When complete, please be sure that all appropriate signatures are provided.

Agency	cy Grant Number Qua		Quarter Number		Date of Report (Month/Year)						
	SECTION A - ACTIVITY										
1. Meetings as IMAC technical advisor and co-facilitator for regional partner, indicate: - Event attended - Municipality/County - Role/Responsibility @ mtg - Plans/Ordinance Process - Municipality/County Selection/ Recruitment Plans/Ordinance Process		onal	M- Meeting to di selection I- IMAC meetin K- Key Stakeho Hearing Prese O- Other					Partner 1- Co-facilitating grantee 2- Chronic Disease Coalition Partner 3- None	Approximate Total Number of People Present	Has the municipality/ county been selected for pursuing an ordinance?	
	N (M :: 15 /0)		R	M	I	K	0			YES	NO
	Name of Municipality/County Brief Description of Activity:										
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	Recruitment Plans/Ordinance Process	R	М	ı	K	o			YES	NO
	Name of Municipality/County									
	Brief Description of Activity:									
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		R	М	1	κ	0			YES	NO
	Name of Municipality/County Brief Description of Activity:									
	Name of Municipality/County									
	Brief Description of Activity:									

Date	Participation and Support for NJ Breathes Statewide Coalition		Rosended esented emmitte her Place ar	e Meeti		GASP Participants	Details
		Α	Р	С	0		
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						

3. Technical Assistance Requested by Municipalities/Counties (ordinances)

Total number of requests for technical assistance from municipalities/counties:

Date	Description of Technical Assistance Provided	Name of Municipality or County

Date	Description of Technical Assistance Provided	Name of Municipality or County

4 Presentations Regarding Various Tobacco Control Related Topics
Total number of presentations regarding various tobacco control related topics:

Date	Description of Presentations	Name of Municipality or County

Date	Description of Presentations	Name of Municipality or County

5. Earned Total nu	Media mber of earned media:						
Date	Description of Media		Media Type N – Newspaper T – Television R – Radio W - Website				
		N	Т	R	W		
6. Consultations Total number of co	onsultations:						
	NOTE: Places attach consultation actoroxics broa	Irdayun					

7. We Tot	bsite Updates / Revisions / White Papers al number of website updates/revisions:		
Date	Description of Website Updates/Revisions/White Papers	Name of Municipality or County	

SECTION B – SUCCESSE	ES / LESSONS LEAF	RNED
1. Describe Progress:		
2. Facilitating Factors of Success:		
2. Facilitating Factors of Success.		
3. Barriers/Issues Encountered:		
4. Plans to Overcome Barriers/Issues Encountered:		
Unanticipated Outcomes Resulting from the Objective		
	TURES	
Signature of Executive Director		Date
Signature of Pagional Coordinator		Data
Signature of Regional Coordinator		Date
NJDOH Review	Date	