

**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	Grant Number	Quarter Number	Date of Report (Month/Year)
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**SECTION A - ACTIVITY**

Date	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	Activity Type					Partner	Approximate Total Number of People Present	Has the municipality/county been selected for pursuing an ordinance?	
		R	M	I	K	O			YES	NO
	Name of Municipality/County  Brief Description of Activity:									
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**GASP Monthly Activity Report  
(Continued)**

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**GASP Monthly Activity Report  
(Continued)**

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**GASP Monthly Activity Report  
(Continued)**

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		R	M	I	K	O			YES	NO
	Name of Municipality/County  Brief Description of Activity:									
	Name of Municipality/County  Brief Description of Activity:									

## GASP Monthly Activity Report (Continued)

Date	2. Participation and Support for NJ Breathes Statewide Coalition	Role				GASP Participants	Details
		A	P	C	O		
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						

### GASP Monthly Activity Report (Continued)

<b>3. Technical Assistance Requested by Municipalities/Counties (ordinances)</b> Total number of requests for technical assistance from municipalities/counties:	
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Date	Description of Technical Assistance Provided	Name of Municipality or County

**GASP Monthly Activity Report  
(Continued)**

Date	Description of Technical Assistance Provided	Name of Municipality or County





**GASP Monthly Activity Report  
(Continued)**

Date	Description of Presentations	Name of Municipality or County

**GASP Monthly Activity Report  
(Continued)**

<b>5. Earned Media</b> Total number of earned media:	
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Date	Description of Media	Media Type			
		N	T	R	W

<b>6. Consultations</b> Total number of consultations:	
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**NOTE: Please attach consultation categories breakdown.**

**GASP Monthly Activity Report**  
(Continued)

<b>7. Website Updates / Revisions / White Papers</b> Total number of website updates/revisions:		
<b>Date</b>	<b>Description of Website Updates/Revisions/White Papers</b>	<b>Name of Municipality or County</b>

**GASP Monthly Activity Report  
(Continued)**

<b>SECTION B – SUCCESSES / LESSONS LEARNED</b>
1. Describe Progress:
2. Facilitating Factors of Success:
3. Barriers/Issues Encountered:
4. Plans to Overcome Barriers/Issues Encountered:
5. Unanticipated Outcomes Resulting from the Objective

<b>SIGNATURES</b>	
Signature of Executive Director	Date
Signature of Regional Coordinator	Date
NJDOH Review	Date