

**New Jersey Department of Health
Division of Family Health Services
Office of Tobacco Control
MOM'S QUIT CONNECTION (MQC) 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 Mom's Quit Connection (MQC)	Grant Number	Quarter Number	Date of Report (Month/Year)
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SECTION A - ACTIVITY

Date	As IMAC technical advisor and co-facilitator for regional partner, indicate: - Event attended - Municipality/County - Role/Responsibility @ mtg - Plans/Ordinance Process	Activity Type					Partner 1- Co-facilitating grantee 2- Chronic Disease Coalition Partner 3- None	Total Number of People Present	Has the municipality/county been selected for pursuing an ordinance?	
		R- Recruitment Presentation M- Meeting to discuss selection I- IMAC meeting K- Key Stakeholder Presentation O- Other <i>(Place an X below)</i>							YES	NO
		R	M	I	K	O				
	Name of Municipality/County Brief Description of Activity:									
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**MOM'S QUIT CONNECTION (MQC) MONTHLY ACTIVITY REPORT
(Continued)**

SECTION A - ACTIVITY										
Date	As IMAC technical advisor and co-facilitator for regional partner, indicate: - Event attended - Municipality/County - Role/Responsibility @ mtg - Plans/Ordinance Process	Activity Type					Partner	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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	Name of Municipality/County Brief Description of Activity:									

**MOM'S QUIT CONNECTION (MQC) MONTHLY ACTIVITY REPORT
(Continued)**

Date	Increase Number of Callers to NJ Quitline - Targeted Provider Campaigns	How Promoted					Total Number Attending	Earned Media								Describe	
		M- Multi-media Presentation W- Webinar O- Other P- Promotional Materials T- Training/TA provided (Place an X below)						Generated		Type P- Print R- Radio T- TV W- Web O- Other							
		M	W	O	P	T		YES	NO	P	R	T	W	O			
	Event: Organization/Attendees:																
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**MOM'S QUIT CONNECTION (MQC) MONTHLY ACTIVITY REPORT
(Continued)**

Date	Increase Number of Callers to NJ Quitline - Family Cessation Model	How Promoted					Total Number Attending	Earned Media								Describe
		M- Multi-media Presentation W- Webinar O- Other P- Promotional Materials T- Training/TA provided (Place an X below)						Generated		Type P- Print R- Radio T- TV W- Web O- Other						
		M	W	O	P	T		YES	NO	P	R	T	W	O		
	Event: Organization/Attendees:															
	Event: Organization/Attendees:															
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	Event: Organization/Attendees:															

**MOM'S QUIT CONNECTION (MQC) MONTHLY ACTIVITY REPORT
(Continued)**

Date	Promoting Long-Term Abstinence - Promoting the NJ Quitline - Additions/Revisions/Promotion of self-help resources through website www.NJQuitline.org - Other Activities	How Promoted/ Resources Utilized					Total Number Attending (if applies)	Earned Media						Describe	
		M- Multi-media Presentation W-Webinar O- Other P- Promotional Materials T- Training/TA provided (Place an X below)						Earned Media Generated		Type P-Print R-Radio T-TV W-Web O-Other					
		M	W	O	P	T		YES	NO	P	R	T	W		O
	Event: Organization/Attendees:														
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**MOM'S QUIT CONNECTION (MQC) MONTHLY ACTIVITY REPORT
(Continued)**

Date	Participation and Support for NJ Breathes Statewide Coalition	Role A- Attended P- Presented C- Committee Meeting O- Other <i>(Place an X below)</i>				MQC Participants	Details
		A	P	C	O		
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						
	Event/Activity:						

**MOM'S QUIT CONNECTION (MQC) MONTHLY ACTIVITY REPORT
(Continued)**

SECTION B – SUCCESSES / LESSONS LEARNED	
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	

SECTION C - SIGNATURES	
Signature of Executive Director	Date
Signature of Regional Coordinator	Date
NJDOH Review	Date