

**New Jersey Department of Health
Division of Family Health Services
Office of Tobacco Control
REGIONAL GRANTEE 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 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- Recruitment Presentation	M- Meeting to discuss selection	I- IMAC meeting	K- Key stakeholder/ hearing presentation	O- Other (Place an X below)			1- Co-facilitating grantee	2- Chronic Disease Coalition Partner	3- None
	Name of Municipality/County Brief Description of Activity:										
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**Regional Grantee Monthly Activity Report
(Continued)**

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		R	M	I	K	O			YES	NO
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**Regional Grantee Monthly Activity Report
(Continued)**

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**Regional Grantee Monthly Activity Report
(Continued)**

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		R	M	I	K	O			YES	NO
	Name of Municipality/County Brief Description of Activity:									
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**Regional Grantee Monthly Activity Report
(Continued)**

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

**Regional Grantee Monthly Activity Report
(Continued)**

Month	3. IMAC Membership	Number					IMAC Leadership Board Established		Total Number of MOUs	Total Number of Letters of Support	Total Number Of General Participants
		H- Health Officers	L- Government Representatives	Other	Y- Youth	O- Organizations	P- Parents	YES			
	Name of Municipality/County										
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**Regional Grantee Monthly Activity Report
(Continued)**

Date	4. Ordinance Passage Municipality/County	1st Reading Date	2nd Reading Date	Passage (Yes or No)	Date Enacted

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**Regional Grantee Monthly Activity Report
(Continued)**

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**Regional Grantee Monthly Activity Report
(Continued)**

5. Awareness Events Total number of awareness events in grant year:	
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Date	Description of Awareness Event	Name of Municipality or County

**Regional Grantee Monthly Activity Report
(Continued)**

6. Earned Media Total number of earned media:					
Date	Description of Media	Media Type N – Newspaper T – Television R – Radio W - Website			
		N	T	R	W

**Regional Grantee 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