



Grant Application

Applicant Information

Contact Name: _____

Property Name: _____

Property Management Company: _____

Address of Property: _____

Street Address

City State ZIP Code

Phone () Email

Required Information

How many units are at the property where you are implementing a smoke free policy?	
What percentage of your units are available for low income tenants?	
Do you have an existing smoke-free policy (beyond Smoking in Public Places Law)?	
Will your policy prohibit smoking everywhere on the property, indoors and outdoors?	
Will this policy be implemented by December 15, 2016?	

Other Information

Applicants may submit additional pages if more space is needed to answer application questions.

1. Why do you want to implement a smoke-free policy on your property?

2. How would you use \$250 to help implement a policy at the property?

3. How will you work with residents to implement the policy?



Clean Air Counts

4. Once implemented, how will you enforce your policy?

5. Will you distribute cessation resources or other supporting materials to residents during the implementation phase of your policy? If yes, how will you do this?

6. How will you inform residents of your new policy?

7. What is your approach to putting signage around your property to communicate your policy?

8. Will your policy include all forms of smoke and vapor (i.e. tobacco, hookah, cigar, marijuana, and vapor from vaping devices)?

**Please submit application to SRHD's Tobacco Prevention and Control Program.
Submissions are accepted by email, fax, or written mail.**

**Spokane Regional Health District
Tobacco Prevention and Control Program
1101 W. College Ave #200
Spokane, WA 99201
FAX: 509-324-1599
Email: pmcgowan@srhd.org**