



TOBACCO PREVENTION & CESSATION REQUEST FOR APPLICATION WALKTHROUGH

APPLICATION DEADLINE: MARCH 20, 2026, BY 5:00PM CST

TOBACCO PREVENTION & CESSATION REQUEST FOR APPLICATION

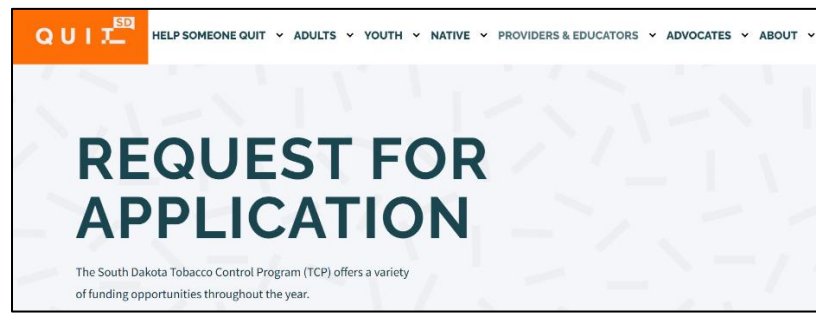
Application Release: January 21, 2026
Application Submission Deadline: March 20, 2026
Tentative Award Notification: May 22, 2026
Project Period: June 1, 2026 – May 31, 2027
Award Amount: \$5,000-\$30,000
Point of Contact: dohtobaccocontrol@state.sd.us

Applications that are incomplete or received after March 20, 2026, at 5:00 PM CST, will not be considered for funding. Technical assistance will be available until 4:30 PM CT on submission date.

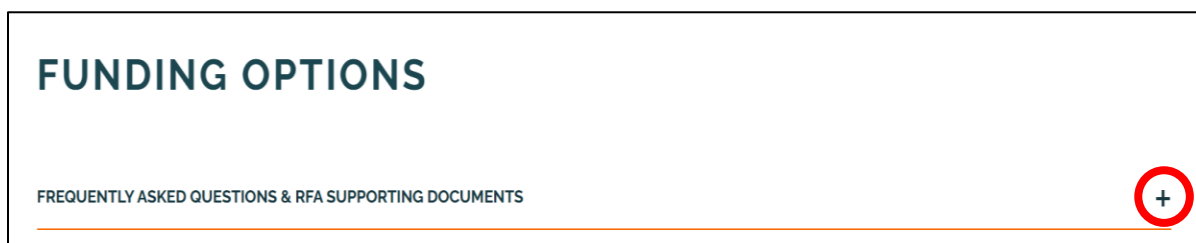
For questions, please see Point of Contact information in the chart above.

How to access application and supporting documents?


Application link and supporting documents can be found at <https://quittobaccosd.com/resources/request-for-application> under Request for Application page.

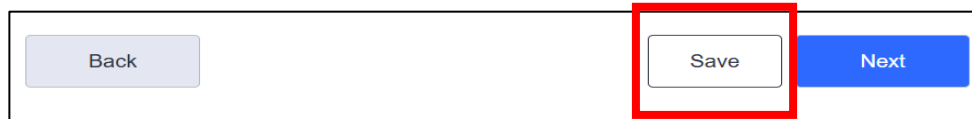


For supporting documents, scroll down the page until you see “Funding Options”. Click the “+” button to expand the section. A list of attachment documents will appear to select from.



Tips before you get started

1. Download Attachment B. Budget template from Quittobaccosd.com to complete and upload into your application.
2. Applicants are encouraged to draft their application workplan in advance to make entering information into the text boxes easier.
3. * indicates the question is required to be filled in before you may move onto the next section of the application.
4. Within the application, some text boxes are able to be expanded for easier viewing. If you see  in the bottom righthand corner of a text box, you can drag and expand the text box.
5. The application includes a save feature that allows you to return and complete it later; however, applicants are strongly encouraged to save a separate copy of their application responses in case of any technical issues between saves.



Steps to completing your application

Upon accessing the application, the following steps will help you complete your application. Elements that the applicant will need to complete will be provided in the RFA Guidance supplied by the Tobacco Control Program. Type in any information that is requested in the Custom Fields section. Make sure you complete all the fields for your application.

☐ **Step 1: Provide Contact Information**

Tobacco Prevention & Cessation Request for Application 2027

Apply for available funding by providing your contact information, entering your proposed workplan, uploading all supporting documents and budget, and clicking the submission button at the end of the application by March 20, 2026 at 5:00pm CST. If you have any questions or issues, contact DOHTobaccoControl@state.sd.us.

General Contact Information
Please provide your contact details below.

Organization Name *

Full Name *

First Name Last Name

Address *

Street Address

Is the fiscal agent's information the same as above? *

☐ Yes

☐ No

If you marked that the fiscal agent information is different, you will be taken to Step 2 in the application automatically. If you marked that your fiscal agent's information is the same as your provided contact information, you will be taken to Step 3.

Upon completing all the required contact information on this page, click the blue "Next" button in the bottom right of the application page.

Save Next

☐ **Step 2: Provide fiscal agent (if different than applying organization)**

Type in any information that is requested in the Custom Fields section.

Fiscal Agent Contact Information
If different than the organization applying.

Fiscal Agent Name *

Fiscal Agent Contact Name *

First Name

Last Name

Fiscal Agent Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

☐ **Step 3: Need/Capacity/Sustainability**

Type in any information that is requested in the Custom Fields section.

Need/Capacity/Sustainability

Provide a brief description regarding the need in your community for the proposed activities. Answer, why you feel that is important the activities you have chosen to complete in your workplan is needed. If you can provide data gathered from in your community, please do. Answer, what motivates you to do this work and how your organization plans to carry out these activities while bringing together stakeholders. (No more than 1 page). *

Back

Save

Next

□ Step 4: Upload All Required Supporting Documents


All documents outlined in the “Required Supporting Document” on page 4 of the Tobacco Prevention & Cessation RFA guidance. Click the box highlighted in red below to gain access to uploading your files. You may have to upload one file at a time. If any issues with uploading, contact DOHTobaccoControl@state.sd.us.

Upload All Required Supporting Documents

Organization/Fiscal Agent Policy:

- **Tobacco use policy** for the applicants designated fiscal agent. If there is not a current policy, the awarded recipient is required to establish a policy in the workplan under the selected strategy.
- **Letters of Support:** Applicants should include a minimum of 2 letters of support from different partner organizations. Letters should be written by individuals who are authorized to speak on behalf of the organization. Letters may not be written by a SD-TCP staff member.
- **Additional Policies (if applicable):** If a workplan intends to work on improving or enforcing a policy (other than fiscal agent), please provide a current copy of the policy.
- **Copy of your fiscal agent’s W-9**
- **Certificate of commercial general liability insurance.**

Upload Files *



Browse Files

Drag and drop files here

Back

Save

Next

□ Step 5: Workplan Proposal

The application contains three Categories that encompass the four goal areas of the SD-TCP State Plan as listed above (Prevention, Cessation, and Tobacco Exposure). There are no requirements on how many Categories are covered within your application. You may apply for more than one activity within a Category area. You will identify your workplan for each Category (Prevention, Cessation, Tobacco Exposure) in which your proposed activity aligns with. *Type in any information that is requested in the Custom Fields section.*

Workplan Proposal

List the activities you are proposing for funding. Ensure you answer activity description in detail (you may expand the box to view in entirety). For each activity you will also select all that apply for Category activity falls under, Time of Year you anticipate the activity occurring, and if the activity would include/require any form of media. You may add more activities to your application by selecting "Add Another Activity".

Proposed Activities Workplan *

Activity Description*

Category*

☐ Prevention

☐ Cessation

☐ Exposure

Time of Year*

☐ Q1 (June-Aug)

☐ Q2(Sept-Nov)

☐ Q3(Dec-Feb)

☐ Q4(March-May)

Does activity require media?

☐ No

☐ Yes-DOH Materials Avail

☐ Yes-Creating My Own

Add Another Activity

To add another activity, press the “Add Another Activity” button.

□ **Step 6: Quit Kits & Educational Kit Information (only if have kits in your workplan)**

Kits are optional activities and should not take up more than 15% of your total budget. The 15% limit is reflective of time associated with assembling and delivering kits and cost of kit supplies.

Justification for going over the 15% total budget can be provided in 'Special Notes'. *Type in any information that is requested in the Custom Fields section.*

Quit Kits & Educational Kit Information
Only required if you have one of the kit types within your activity workplan. For specifics on kits and item eligibility refer to Attachment E on <https://quittobaccosd.com/resources/request-for-application>

Complete for every kit you are applying for. *

Identify type of kit*

Activity associated with*

Quit

Intended recipients*

of estimated hours to assemble/deliver*

Estimated # of kits*

Items and quantity for kits*

Cost per kit (nearest \$)*

Special notes

+ Add Another Kit


To add another activity, press the “Add Another Kit” button.

□ **Step 7: Budget Upload & Media Justification (if over 50% total budget)**

Complete the Attachment B. Budget Worksheet in excel using the guidelines found in the Tobacco Prevention & Cessation RFA Guidance, Page 5. Click the box highlighted in red below to gain access to uploading your files. If any issues with uploading, contact DOHTobaccoControl@state.sd.us.

The SD-TCP knows that sometimes media activities are needed and/or can take over 50% of a budget. If your total media is over 50%, provide justification on why your media is so high and what your intentions are with media and how it will impact and reach your target audience. If you have any additional information regarding your plan to strengthen your justification, please feel free to include.

Upload budget using the Excel template found on Quit tobacco SD.com *


Browse Files
Drag and drop files here

Media Justification

Provide media justification if your media budget is over 50% of total budget proposed.

Back Save Next

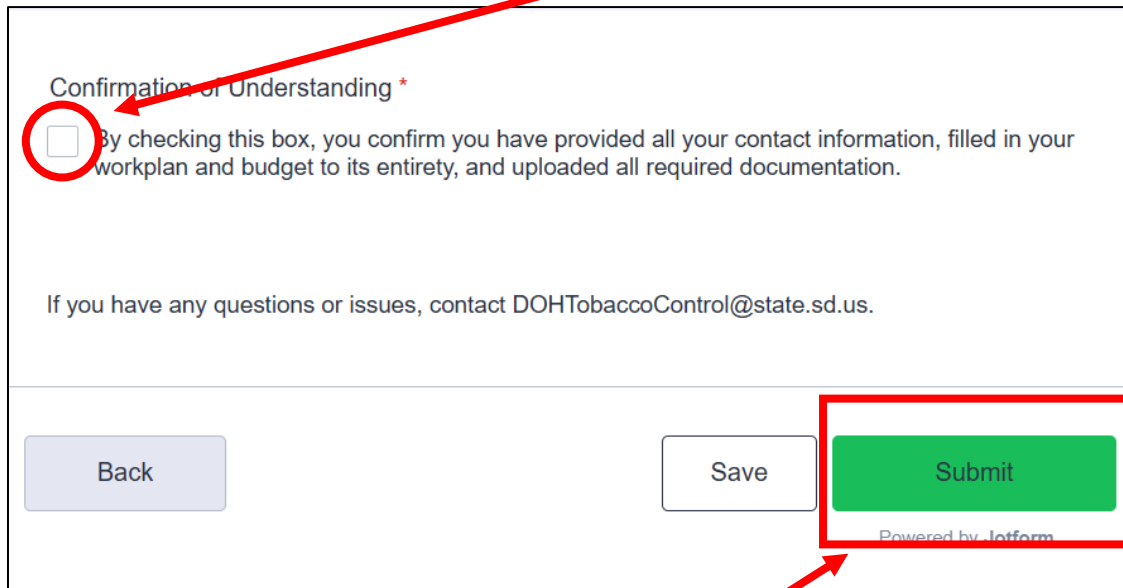
□ **Step 8: Review your Application**

Once you completed all steps, you should review your entire application and each step to make sure your application is complete before you submit.

****Please note, once you submit, you will NOT be able to edit your application.***

□ **Step 9: Confirmation of understanding & Submission**

Upon reviewing your application, you will be asked to confirm your understanding.



Confirmation of Understanding *

☐ By checking this box, you confirm you have provided all your contact information, filled in your workplan and budget to its entirety, and uploaded all required documentation.

If you have any questions or issues, contact DOHTobaccoControl@state.sd.us.

Back Save Submit

Powered by Jotform

A red circle highlights the checkbox, and a red arrow points from the text "Upon reviewing your application, you will be asked to confirm your understanding." to it. Another red arrow points from the "Submit" button to the text "Once you check this statement, you will be able to hit the 'Submit' button."

Once you check this statement, you will be able to hit the “Submit” button.

□ **Step 10: Confirmation Received**

Upon submission, you should see a screenshot looking like the photo below. You will also receive an email from Jotform with a copy of your application.

