

Application for Clean Indoor Air Ordinance Campaign Support

Coalition Name _____ Address _____

Contact Person _____

Phone _____ Email _____

Please complete and return with a completed Key Criteria Check-list to:

**Clean Indoor Air Subgroup
C/O SmokeFree WI
329 West Wilson Street, First Floor
Madison, WI 53703**

Or e-mail to Sfw@smokefreewi.org (please indicate Clean Indoor Air Subgroup as subject)

1. What is your anticipated timeline for launching a clean indoor air campaign?
2. Will you be asking for smoke-free work-sites including restaurants or just restaurants?
3. Has the coalition been approached by an elected official interested in pursuing a clean indoor air ordinance?
4. What resources have you identified or assembled locally such as:
 - a. Wisconsin Tobacco Control Board coalition dollars (coordinator time and/or campaign costs);
 - b. local funding from hospital, foundation or other source;
 - c. commitments from other partners such as BVK, American Cancer Society, Heart Association, Lung Association or other
5. What kind of assistance do you need to move your effort forward to move your effort ahead, i.e., technical assistance, financial, staff assistance or other? (note: the Clean Indoor Air Subgroup can provide technical assistance but not financial assistance for municipal building ordinance work.)
6. Do you have any questions or concerns?

(If additional room is needed, please attach separate sheet.)