



NIH ODP Quit & Thrive Challenge: Community-Derived Solutions to Reduce Menthol Cigarette Smoking Entry Form

The Office of Disease Prevention (ODP) within the Office of the Director at the National Institutes of Health (NIH) is holding the Quit & Thrive Challenge: Community-Derived Solutions to Reduce Menthol Cigarette Smoking. The goal of this nationwide contest is to showcase successful community-derived solutions to reduce menthol cigarette smoking among youth; people with lower incomes; racial and ethnic minorities; lesbian, gay, and bisexual populations; and other groups with disproportionately high rates of menthol cigarette use.

To complete this form, save it on your computer, open it directly in Acrobat or Acrobat Reader, or print a hard copy.

Important Points

- Each submission for this Challenge requires a complete Submission Package consisting of the following documents saved as PDF files: (1) Entry Form, (2) Description of the Community-Derived Solution, (3) References, and (4) Additional Collaborating Organizations/Agencies (if applicable).
- Read the “How to enter” and the “Rules” sections of the Challenge.gov posting for complete instructions. Submissions must not include the HHS logo or official seal or the logo of NIH or any of its components and must not claim federal government endorsement.
- **Completed Submission Packages (Entry Form, Description of the Community-Derived Solution, References, and Additional Collaborating Organizations/Agencies [if applicable]) must be emailed to ODP-QuitThriveChallenge@nih.gov between November 1, 2024, and September 2, 2025, at 11:59 p.m. ET.**
 - File name for Entry Form PDF: “Organization name [acronym is acceptable]_Entry.”
 - **Example for an Entry Form submitted by Acme, Inc.:** Acme, Inc_Entry
 - File name for Description of the Community-Derived Solution PDF: “Organization name [acronym is acceptable]_Description”
 - **Example for a Description of the Community-Derived Solution submitted by Acme, Inc.:** Acme, Inc_Description
 - File name for References PDF: “Organization name [acronym is acceptable]_References”
 - **Example for a list of References submitted by Acme, Inc.:** Acme, Inc_References
 - File name for Additional Collaborating Organizations/Agencies PDF (if applicable): “Organization name [acronym is acceptable]_Collaborators”
 - **Example for a list of Additional Collaborating Organizations/Agencies submitted by Acme, Inc.:** Acme, Inc_Collaborators
 - Attach all PDF files to an email and send it to ODP-QuitThriveChallenge@nih.gov with the subject line “ODP Quit & Thrive Challenge: Organization Name [acronym is acceptable].”
 - **Example email subject line for a Submission Package submitted by Acme, Inc.:** ODP Quit & Thrive Challenge: Acme, Inc.



Section 1: Contact Information

Participant Organization/Agency

Participant Organization/Agency Name _____

Website (if available) _____

Mailing Address _____

City _____ **State** _____ **Postal (Zip) Code** _____

Primary Point of Contact (POC)

Each Participant Organization that enters the Challenge is required to identify a Primary Point of Contact (POC) who submits a solution on behalf of the Participant Organization. The Primary POC is responsible for all communications with ODP. In the event of winning a cash prize, the prize will be paid directly to the Participant Organization, not to the Primary POC.

Primary POC Name _____

Phone Number (with area code) _____

Email Address _____

Collaborating Organizations/Agencies *(if applicable)*

Provide the details and a Point of Contact (POC) below for any Collaborating Organizations/Agencies* involved in the submission.

*If a submission involves more than three Collaborating Organizations/Agencies, please list the additional organizations/agencies and their respective POCs in a separate document and include it in the final Submission Package.

Collaborating Organization/Agency #1

Participant Organization/Agency Name _____

Website (if available) _____

City _____ **State** _____

POC for Collaborating Organization/Agency #1

POC Name _____

Phone Number (with area code) _____

Email Address _____



Collaborating Organization/Agency #2

Participant Organization/Agency Name _____

Website (if available) _____

City _____ **State** _____

POC for Collaborating Organization/Agency #2

Primary POC Name _____

Phone Number (with area code) _____

Email Address _____

Collaborating Organization/Agency #3

Participant Organization/Agency Name _____

Website (if available) _____

City _____ **State** _____

Point of Contact (POC) for Collaborating Organization/Agency #3

Primary POC Name _____

Phone Number (with area code) _____

Email Address _____

If there are additional Collaborating Organizations/Agencies, please list them in a separate document and include it in the final Submission Package.



Section 2: Community-Derived Solution Information

Title of Community-Derived Solution

Brief Summary of Community-Derived Solution (no more than 500 characters, including spaces)



Section 3: Submission Package Requirements

Each submission for this Challenge requires a complete Submission Package consisting of the Entry Form, Description of the Community-Derived Solution, and References (and Additional Collaborating Organizations/Agencies and POC, if applicable).

See the full announcement for more details and check the boxes below to confirm each document has been completed, saved as a PDF file, and is included in the Submission Package.

- Entry Form
- Description of the Community-Derived Solution
- References
- Additional Collaborating Organizations/Agencies and POCs *(if applicable)*



Section 4: Signature and Acknowledgement

By signing below, the Primary POC certifies on behalf of the Participant Organization that:

- The information herein is accurate, complete, and honest.
- The Primary POC has the authority to represent the Participant Organization.
- The Primary POC has read, understands, and agrees to the How to Enter instructions and the Rules and Requirements for the ODP Quit & Thrive Challenge: Community-Derived Solutions to Reduce Menthol Cigarette Smoking.
- The Participant Organization is the sole author or owner of, or has the right to use, any copyrightable works that the submission comprises, that the works are wholly original (or are an improved version of an existing work that the participant has sufficient rights to use and improve), and that the submission does not infringe any copyright or any other rights of any third party of which the Participant Organization is aware.
- By participating in this challenge, the Participant Organization grants to NIH an irrevocable, paid-up, royalty- free nonexclusive worldwide license to reproduce, publish, post, link to, share, and display publicly the submission on the web or elsewhere, and a nonexclusive, nontransferable, irrevocable, paid-up license to practice, or have practiced for or on its behalf, the solution throughout the world. The Participant Organization will retain all other intellectual property rights in their submission, as applicable. There are no legal obstacles to providing the above-referenced nonexclusive licenses of the Participant Organization’s rights to the federal government. To receive an award, the Participant Organization will not be required to transfer their intellectual property rights to NIH, but the Participant Organization must grant to the federal government the nonexclusive licenses recited herein.

Printed Name of Participant Organization

Printed Name of Primary Point of Contact for the Participant Organization

Signature of Primary Point of Contact for the Participant Organization

Date