

**Boulder Valley Safe & Drug Free Schools
Substance Abuse Prevention Project (SAPP)**

***Application for Mini-Grant Funds
2008 – 2009***

Applicant Information:

NAME/TITLE: _____

HOME TELEPHONE: _____

EMAIL ADDRESS: _____

BVSD SCHOOL (please write the official name of the school):

SCHOOL TELEPHONE: _____

SCHOOL FAX: _____

PROJECT TITLE: _____

YOUTH DIRECTLY SERVED: _____

AMOUNT REQUESTED: _____ (***\$250.00 Maximum***)

ANTICIPATED MONTHS OF PROJECT: From _____ To _____

Principal's Name (Print)

Applicant's Name (Print)

Principal's Signature

Applicant's Signature

**Boulder Valley Safe & Drug Free Schools
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Project Information:

1. How was the need for your project/program established? (i.e. needs assessment, school climate survey, snapshot survey, teacher request/input, office referrals, etc.)
2. What are the goals and objectives of your program/project? How do these goals and objectives complement your SIT goals? How will students, staff, administration, parents, and others be involved in the implementation and success of this project?
3. Describe any research that supports the effectiveness of this program/project.
4. How will you know you have accomplished your goals and objectives?
5. Detail your budget request. Indicate any commitments you have received from other sources for any aspects of the project. **Please follow the format on the attached page.**

Return completed application to:

**Boulder Valley Safe & Drug Free Schools
Substance Abuse Prevention Project (SAPP)
6500 E Arapahoe Road
Boulder, CO 80303**

FOR SAPP USE ONLY:

APPROVED

AMOUNT: _____

NOT APPROVED

Signature: _____ **Date:** _____

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Follow this format for your budget.

NAME OF PROJECT
SCHOOL YEAR

EXPENSES:

MATERIALS/SUPPLIES:

| | | |
|------|----------|---------------|
| ITEM | SUPPLIER | BUDGET AMOUNT |
|------|----------|---------------|

EQUIPMENT:

| | | |
|------|----------|---------------|
| ITEM | SUPPLIER | BUDGET AMOUNT |
|------|----------|---------------|

PERSONNEL/TITLE:

| | |
|----------------------|---------------|
| SALARY PLUS BENEFITS | BUDGET AMOUNT |
|----------------------|---------------|

| | |
|---------------------|---------------|
| CONSULTANT SERVICES | BUDGET AMOUNT |
|---------------------|---------------|

TRANSPORTATION:

| | | |
|------|----------|---------------|
| ITEM | SUPPLIER | BUDGET AMOUNT |
|------|----------|---------------|

RENTAL COST:

| | | |
|------|----------|---------------|
| ITEM | SUPPLIER | BUDGET AMOUNT |
|------|----------|---------------|

TOTAL EXPENSES *

INCOME:

| | |
|-----------------|---------------|
| SAPP MINI-GRANT | BUDGET AMOUNT |
|-----------------|---------------|

OUTSIDE FUNDING

| | |
|--------|---------------|
| SOURCE | BUDGET AMOUNT |
|--------|---------------|

IN-KIND CONTRIBUTIONS

| | |
|--------|---------------|
| SOURCE | BUDGET AMOUNT |
|--------|---------------|

TOTAL INCOME *

(*TOTAL EXPENSES = TOTAL INCOME)