

## KY-ASAP Scott County Board Mini Grant Application

**Introduction:** The mission of the Kentucky Agency for Substance Abuse Policy (KY-ASAP) is to develop a long-term strategy that is designed to reduce the incidence of youth and adult smoking and tobacco addictions, promote resistance to smoking, reduce incidence of substance abuse, and promote effective treatment of substance abuse throughout the Commonwealth of Kentucky.

The KY-ASAP Scott County Board is seeking applications for funding for programs and activities that will address alcohol and substance abuse in Scott County. Applications for FY18 funding are due by February 16, 2018 with a final progress report due by the earlier of 15 days from the conclusion of the project or by July 15, 2018.

Application budgets are subject to final approval by the State KY-ASAP office and **MUST NOT** include requests for the following items:

- a. Inflatable items,
- b. Rock walls,
- c. Multiple applications for the same event,
- d. Any single event in excess of \$500,
- e. Bullet proof vests,
- f. Bullet proof vests for canines,
- g. Building renovations,
- h. Park renovations,
- i. Toiletry items are only eligible when purchased as a part of a research-based program, such as the Drug Endangered Children Program,
- j. laptops or other electronic equipment, for other agencies,
- k. Home drug testing kits,
- l. Must have buy-in of school system prior to purchase of "cigarette busters",
- m. Travel is limited to in-state only,
- n. Champions start-up funding,
- o. Furniture,
- p. Landscaping,
- q. Weapons,
- r. Vehicles, and
- s. 10% of award limited to commodity items, such as but not limited to, t-shirts, bracelets, cozies, lanyards, balloons, pencils, and pens.

**Screening Criteria:** Applications will be screen based on the following criteria: completion of application, statement of goals and objects and measures, KY-ASAP budget limitations, and prior year compliance with KY-ASAP reporting requirements, if applicable.

**How to Apply:** Complete the all sections of the application and return to:

KY-ASAP Scott County Board  
c/o Scott County Preschool Center  
ATTN: Scott Turner  
1300 Long Lick Pike  
Georgetown, Kentucky 40324

Scanned applications can be sent to [scott.turner@scott.kyschools.us](mailto:scott.turner@scott.kyschools.us) (pdf format, please.)

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## Applicant and Program Information

(Please provide the requested information in the white space underneath each grey box.)

Name of Applicant:
Contact Name and Title:
Street Address:
Phone and email address:
Fax
Project Title
Have you received ASAP funding before? If so, please list date(s) and amount(s)
Strategy Addressed (Law Enforcement, Prevention or Treatment)
Project Summary
Mission Statement or Purpose of Group
What problem are you trying to address with the requested funding?
Please cite specific data and source information indicating that this is a problem (examples include but are not limited to survey data, police reports, media reports.)
Describe any collaborative partners and their roles. If they provide any monetary or in-kind support please indicate that including the amount of that support
Where and when will this program take place?
Expected number of participants
How will you evaluate the impact of this program? Be sure to include measurable objectives Example: Program Participants will demonstrate increase knowledge of the dangers of under-aged alcohol consumption as measured by a pre- and post- survey

**Budget:**

Double Click on the Table Below to Enter Amounts

Item	Requested Amount	In-Kind Match
Personnel		
Supplies/Materials		
Travel		
Food		
Fees		
Other		
Total		

**Budget Narrative:**

Please explain the purpose of each item listed above. For any personnel costs describe those in terms of hours of work, rate of pay, and anticipated activities.

<p><b>Personnel:</b> <b>Supplies/Materials:</b> <b>Travel:</b> <b>Food:</b> <b>Fees:</b> <b>Other:</b></p>

**Applicant agrees to the following:**

1. To provide documentation that the program was completed (sign in sheets, newspaper clippings, press releases, announcements in newsletters, etc.)
2. To submit a final progress report summarizing number of participants, measurable outcomes achieved, satisfaction surveys completed, etc. The progress report should address how the need stated in the application was addressed by this program. This report is due by the earlier of 15 days following the completion of the program or for programs continuing until June 30, 2018 by July 15, 2018.
3. To provide copies of invoices, itemized receipts, etc., for all expenditures using ASAP funds.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: _____
Date Received: _____
Date Reviewed: _____
Disposition: _____