



Collection of this information is a requirement of s. 115.361.

I. GENERAL INFORMATION			
Name of School District		Name of School	
Mailing Address <i>Street, City, State, ZIP</i>			
District/Agency Administrator <i>First and Last Name</i>		CESA	School Phone <i>Area/No.</i>
Advisor Contact <i>First and Last Name</i>		Advisor Title	Telephone <i>Area/No.</i>
Advisor Mailing Address <i>Street, City, State, ZIP</i>		Advisor Email Address	
Name of Student Organization		Project Name	
Business Services Manager <i>First & Last Name</i>		Email Address	Telephone <i>Area/No.</i>
Total Grant Funds Requested	Local Match (20% Required)	Grant Period Beginning <i>Mo/Day/Yr.</i>	Ending <i>Mo/Day/Yr.</i>

II. CERTIFICATION SIGNATURE	
Signature of District Administrator or Building Principal ➤	Date Signed <i>Mo./Day/Yr.</i>

III. PROJECT ABSTRACT

NOTE: Use only space provided in answering all questions.

1. A brief description of the program and activities to be developed and implemented by students at a building, district, or community level.

II. PROJECT NARRATIVE

2. Describe how the idea for this project was developed including the extent of student participation.

3. What problem(s) at your school will this mini-grant project address? Describe how this project will help prevent or reduce student alcohol and drug abuse or other risk behaviors (tobacco use, violence, bullying, suicide, traffic safety, and sexual risk behaviors).

IV. PROJECT NARRATIVE (cont'd)

5. Describe how you will measure your success in addressing the problem(s) described in question 3. (Changes in behaviors, attitudes, knowledge, or skills measured through pre-post-surveys, related statistics, etc.)

6. Describe who and how many people will benefit from your project, including skills, knowledge, behaviors, or attitudes they are expected to acquire.
Limit response to the space provided.

V. BUDGET DETAIL

7. Budget Detail—(Individual Mini Grant awards cannot exceed \$1,000.). WUFAR (Wisconsin Uniform Financial Accounting Requirements) functions and object codes are for the benefit of your business office.

List and describe the following:

a. **Item/Purpose/Cost** for each expenditure. (No capital objects allowed, e.g., computers, furniture, or video equipment, ***Maximum daily speaker/consultant rate is \$800. Incentive items (trinkets, food, t-shirts/clothing, water bottles, etc.) limited to a total of 20 percent of total budget.**

b. **Any local contributions (match)** to this project. At a minimum, twenty percent (20%) of the grant total must be matched by local contributions of funding or time equivalent (in-kind).

VI. BUDGET SUMMARY

To be completed by district business office.

WUFAR Function	WUFAR Object	Amount Requested
Support Services —Pupil and Instructional Staff Services (in 210 000 and 220 000) Support Services are those which facilitate and enhance instructional or other components of the grant. This category includes staff development, supervision, and coordination of grant activities.	Purchased Services (300s) e.g., transportation, etc.	
	Purchased Services (300s)—speaker/consultant fee costs (capped at \$800)	
	Non-Capital Objects (400s)—materials/supplies	
	Non-Capital Objects (400s)—Incentives (capped at 20% of total budget, e.g., trinkets, food, t-shirts/clothing, water bottles, etc.)	
	Others (e.g., entrance fees)	
	TOTAL Grant Funds Requested	