



Be the Parents 2017 Campaign Mini-Grant Application

- Funding Source:** Idaho Office of Drug Policy Substance Abuse Prevention & Treatment Block Grant.
- Funding Available:** \$60,000 Statewide (\$20,000 maximum per application)
- Eligible Applicants:** Current ODP grantees
- Project Period:** March 1, 2017 – May 31, 2017
- Submission Guidelines:** All applications must be produced and submitted electronically. The original application must be signed by an authorized official. Handwriting will not be accepted.

ODP reserves the right to fluctuate award amounts. ODP may adjust the final budget for each application as prevention program funding decisions are made to ensure fair compensation and statewide substance abuse prevention coverage. Substance abuse prevention funding in Idaho is based on a reimbursement model. Prevention service(s) provided prior to the signing of a grant award document will not be eligible for reimbursement.

Application Deadline: December 30, 2016 5:00 PM MST

Submit application to:
Nicole Fitzgerald
nicole.fitzgerald@odp.idaho.gov

Do not include this page when submitting the application.

PROJECT ADMINISTRATION

Grant Applicant _____

Project Coordinator _____

Address _____
Street or P.O. Box City State Zip Code

Telephone _____ Email _____

1. PROJECT DESCRIPTION

Project Title _____

Project Start Date _____ Project Completion Date _____

Needs Assessment (attach): See detailed instructions in Application Guidelines

Project Action Plan (attach): See detailed instructions in Application Guidelines

Evaluation (attach): See detailed instructions in Application Guidelines

2. BUDGET

Funds requested: See detailed instructions in Application Guidelines

Radio Buys* \$ _____

TV Buys* \$ _____

Pandora Buys* \$ _____

Print Media* \$ _____

BTP Activity/Event \$ _____

Other Costs \$ _____

Total Requested \$ _____

* Please attach price quotes.

Budget justification (attach): See detailed instructions in Application Guidelines

4. SIGNATURES

Signature of Project Coordinator _____ Date _____

Name & Title _____

Signature of Fiscal Officer _____ Date _____

Name & Title _____