
KY-ASAP Bell-Knox-Whitley

Kentucky Agency for Substance Abuse Policy

Name of Organization

Name and Title of Contact

Address

Telephone:

Fax

E-Mail

Name of proposed project/program

(Important: Projects/Programs must meet KY-ASAP BKW strategic plan goals & objectives; you may request a copy of the strategic plan by calling 606-521-9390 or visiting www.bkwkyasap.com)

Problem Statement Number Addressed:

Goal Number Addressed:

Please give a brief description of program or project?

Estimated Number of Consumers to be Served:

Estimated Number of Volunteers to be Utilized:

Total Project Budget:

BKW Local Board Fund Request*:

*Requests above \$5,000 will require special board approval.

All projects must have a goal that is compliant with the strategic plan of the KY ASAP Local Board and utilize evidence/research based curriculum or programs.

KY-ASAP BKW Local Board Strategic Plan:

1. Increase Tobacco/SYNAR Compliance
2. Reduce Alcohol Abuse/DUI Arrests
3. Prevent/Decrease All Drug Use Among Youth
4. Prevent/Decrease Tobacco Use Among Pregnant Smokers
5. Prevent/Decrease All Tobacco Use To Reduce Lung Cancer Incidents

**KY-ASAP BKW Local Board
Mini-Grant Application - Page 2**

Itemize and briefly describe how grant funds will be used.

<u>Amount</u>	<u>Description of Use</u>

For a Meeting Schedule, visit www.bkwkyasap.com

PLEASE RETURN REQUEST ONE WEEK PRIOR TO THE NEXT BKW KY-ASAP BOARD MEETING TO:

Susie Hart, Coordinator
BKW KY-ASAP Local Board
1901 Snyder Street
Corbin, KY 40701
susie.hart@corbin.kyschools.us

606-521-9390

All approved proposals will include a requirement to report program progress and end results to the Bell-Knox-Whitley KY ASAP Local Board

To Be Completed by BKW KY-ASAP Staff and Board Members:

Date: Received: _____

Committee Review Date: _____

Recommendation: _____

BKW Board Consideration Date: _____ Action: _____