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# **KY-ASAP Bell-Knox-Whitley**

## **Kentucky Agency for Substance Abuse Policy**

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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 606-261-4967 or visiting [www.bkwkyasap.org](http://www.bkwkyasap.org))

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\*:

\*Limit: \$500 mini-grant request

**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](http://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](mailto:susie.hart@corbin.kyschools.us)

**606-261-4967**

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

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

Date: Received: \_\_\_\_\_

Committee Review Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

BKW Board Consideration Date: \_\_\_\_\_ Action: \_\_\_\_\_