



Montana Asthma Control Program

Group School Asthma Mini-Grant Application

Please complete the following application and return it by email, mail, or fax to:

William Biskupiak, Montana Asthma Control Program	Phone: 406-444-0995
Montana Department of Public Health & Human Services	Fax: 406-444-7465
Cogswell Building 1400 Broadway Suite C-314B	Email: wbiskupiak@mt.gov
Helena, MT 59620-2951	

Group awards will be given to three or more nurses/asthma educators who wish to do a project together instead of applying for an individual award. Please follow the required group guidelines for each project that are attached to this application.

Step 1: Contact Information- Please choose one lead nurse/asthma educator as the primary contact person for the award

Name	
Nursing Credentials	RN LPN NP AE-C Other,specify:
E-mail Address	
Work Address	
Phone Number	
County	

Other nurses in group:

- | | | | | |
|------|-----------------------------|------------------------------|-----------------------------|---|
| Name | <input type="checkbox"/> RN | <input type="checkbox"/> LPN | <input type="checkbox"/> NP | <input type="checkbox"/> Other,specify: |
| Name | <input type="checkbox"/> RN | <input type="checkbox"/> LPN | <input type="checkbox"/> NP | <input type="checkbox"/> Other,specify: |
| Name | <input type="checkbox"/> RN | <input type="checkbox"/> LPN | <input type="checkbox"/> NP | <input type="checkbox"/> Other,specify: |
| Name | <input type="checkbox"/> RN | <input type="checkbox"/> LPN | <input type="checkbox"/> NP | <input type="checkbox"/> Other,specify: |

Step 2: Background Information

1. For which schools or districts do the nurses/asthma educators in your group provide nursing services/asthma education?
2. - Approximately how many students does your group provide nursing services/asthma education for?
3. - How many hours per week do the members of your group provide nursing services in the school setting?
4. - Briefly describe how asthma affects the students in your care. Include the approximate number of - students with known asthma that the nurses in your group care for. -

5. How will this grant assist you in providing help to students with asthma?

Step 3: Choose a Project

Check the box beside the project you will implement.

- School Staff Training
- Partnering with Parents
- Assessing Asthma Friendly School Policies and Practices
- Attend the Asthma Educator Certification Review Course and/or the Big Sky Pulmonary Conference
- Teaching an Asthma Self-Management Curriculum
- Asthma Home Visiting Program Referrals
- Clean Air Campaign

A full description of each project can be found on the dphhs.mt.gov/asthma website. For further clarification about any of the projects, please contact the Montana Asthma Control Program at 406-444-0995.

Step 4: Letter of Support

Attach one letter of support from a school administrator on official letterhead to this application. The letter should indicate his or her approval of the project and support of your group’s efforts. No special form is required.

Part 5: Budget

For group grantees, the grant provides an award of \$1500. Please indicate below how you intend to allocate the award money. You may use the money to compensate your group members for their time, purchase supplies and make copies, cover meeting expenses and travel, purchase demonstration tools, or for any other activity that is related to improving asthma outcomes at your schools. A sample budget is provided below, but this serves as a recommendation only, as expenses will vary based on the project chosen. You may allocate the money as you see fit.

	Sample Budget	Your Budget
Hourly Wage	\$1000	
Printing/Copying	\$150	
Meeting Expenses	\$100	
Travel	\$50	
Other (supplies, tools, etc.)	\$200	
Total	\$1500	\$1500

Part 6: Check Recipient Information

Name/Agency _____

Complete Address _____

Part 7: W-9 Submission

Please fill out a W-9 for the person or agency to whom the check will be written. A W-9 template can be found on the same webpage as this application. Grants will not be processed if DPHHS does not have a valid taxpayer identification number on file.

Part 8: Signature

We certify that the information presented herein is accurate. If we are chosen to receive the award, we will complete the project and return the outcomes report to the Montana Asthma Control Program by May 31, 2017. If we receive the the award, we give permission for our names and the news of our award to be released to our school’s administration and board, as well as to the local media.

Primary Contact Signature _____ Date: _____ -

(For e-mail submission, type your names above.)

When you've completed the application, save it and send it to the Montana Asthma Control Program by mail, email, or fax indicated at the beginning of this application. Please remember to send the letter of support and the W-9 with the grant application. If we do not receive these items, we cannot process your application.

Thank you for applying for a school asthma mini-grant. If you do not hear from us within two weeks of applying for the award, please contact the Montana Asthma Control Program at 406-444-0995.