



**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 efforts. No special form is required.

**Part 5: Budget**

For individual grantees, the grant provides an award of \$500. Please indicate below how you intend to allocate the award money. You may use the money to compensate yourself for your 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 school. A sample budget is provided, 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	\$350	
Printing/Copying	\$50	
Meeting Expenses	\$30	
Travel	\$20	
Other	\$50	
Total	\$500	

**Part 6: Check Recipient Information**

If awarded a School Asthma Mini-Grant, to whom shall the check be written?

Name/Agency

CompleteAddress

**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**

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

Signature \_\_\_\_\_

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

(For e-mail submission, type your name 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.