



## Safe Schools Program 2007-2008 Mini-Grant Application Form

Submit this form and any attachments to [kkcortez@sonic.net](mailto:kkcortez@sonic.net) or fax 707-537-7631 . Applications will be due by 4:00 pm on Friday, December 14, 2007.

School/Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor(s): List employee name, position and department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Funding Requested: \$ \_\_\_\_\_ Specify costs below:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Describe how this grant will foster violence and/or bullying prevention at your school. (If requesting matching funds for Safe School Ambassador training, please explain how the full training costs will be met.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how these funds will be used in coordination with other district-funded or site-based violence prevention programs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_ Phone \_\_\_\_\_

Principal: \_\_\_\_\_ Phone \_\_\_\_\_

For Review Committee Use Only: \_\_\_\_\_

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Recommended for funding: Yes No