

Substance Abuse Prevention Education/Program Grant Request Form

Program Title: _____

Location, Date & Time of Program: _____

Program Description:

Collaborators/Partners:

Budget: Please itemize all costs associated with the program (Item, Quantity, Price, & Total)

Approximate Total Cost for Event: \$ _____

Amount Requested From SAPE Grant: \$ _____

Program Format: Please indicate at least one.

- Seminar Lecture Panel Discussion Case Study Speaker Video Experiential Learning
 Other (please specify): _____

Target Audience: Please indicate at least one.

- Residence Hall Fraternity/Sorority Other Registered Organization Athletic Team/Sport Club
 Class Professional/Paraprofessional Staff Other (specify): _____

Publicity: Describe the means by which the program will be promoted within the WIU community.

Program Coordinator Information:

Name: _____

Campus Address: _____

Email: _____

Phone: _____