



Mini Grant Application  
FY 2009

# Mini Grant Application

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## Peninsula Smokefree Partnership

P.O. Box 1612  
Soldotna, Alaska  
Phone & Fax: 907-260-3682  
tcap@alaska.net

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Organization: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Planned Activity: \_\_\_\_\_

1. How does this activity promote tobacco education, prevention or cessation?

2. Who is the targeted population?

3. How will the effectiveness of the activity be determined?

4. How can the Peninsula Smokefree Partnership help you with this activity?

**Responsibilities of Grantee:**

Application Process

1. Fill out application sheet
2. Attach a line item budget for money requested

After Grant has been awarded

1. Inform PSFP of progress toward goal every month.
2. Allow a PSFP representative to observe and document any event or activity.
3. Inform PSFP of any known media coverage

After activity/event is finished

1. Collect any data that has been gathered and give copies to PSFP
2. Write a short summary of the event/activity
3. Turn in receipt showing expenditure of all funds
4. Return any unused funds

**Statement:** I hereby state that the grant funds, if granted, will be used only for the project or purpose described herein and will be completed within one calendar year. I understand that total payment by the *Peninsula Smokefree Partnership* will not exceed the grant amounts unless additional funds are approved.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Return this form to **Peninsula Smokefree Partnership**, P.O. Box 1612, Soldotna, AK, 99669 or drop off at 44758 Sterling Highway (next to Acapulco Restaurant)