



Division of Alcohol and Drug Abuse Programs
 P.O. Box 70, 108 Cherry Street, Suite 202
 Burlington, Vermont 05402-0070

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 www.healthvermont.gov

***ACTION REQUIRED PRIOR TO MAY 1, 2010 TO MAINTAIN
 STUDENT ASSISTANCE PROGRAM FUNDING***

February 25, 2010

Dear Program Director:

As a currently-funded Student Assistance Program (SAP) school, we are informing you that you are eligible for an expedited grant process for Department of Health Division of Alcohol and Drug Abuse (ADAP) funding for the upcoming school year. All schools will be level-funded.

Prior to committing to accepting these funds and continuing the SAP in the schools, there are other funding considerations that may need to be discussed at the school and supervisory union. For instance, it is unlikely that Safe and Drug Free Schools (Title IV) funding will be available due to changes in the program at the federal level. Most schools use multiple local, state, and federal funding sources to pay for the student assistance program. In order for the student assistance program to remain viable and meet program requirements there must be enough total funding to provide at least two full days of service per week per school.

The school or schools that were funded for the current year are listed below. Please note that \$18,081 is considered a grant for a two full day per week program which is \$9040.50 for each day even if the actual program cost is higher.

Continue '10-'11?

School	Total	Program	Admin	Training	Carryover	Yes	No
School Name #1	\$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
School Name #2	\$	\$	\$	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$	\$	\$	\$	\$		

Note: The actual amount paid to the grantee is the sum of the program and administrative amounts only. The administrative funds are to be used for clinical supervision, materials, etc. The training amount is granted directly to ASAP of Vermont to pay for the mandatory SAP training in the fall so grantee fiscal agents don't need to process the

payment separately. Carryover is the value of unused 2008-2009 grant dollars. The "Total" column reflects the total value of the grant to the grantee.

After discussion, if you do not wish to accept these funds for a particular school or schools, please indicate this by checking "no" and providing the reason for refusing the funds next to the school name above.

In order to do the grant, we need to verify the accuracy of the contact information listed below. The 2010-2011 Grant documentation will be sent to the fiscal agent/subrecipient which in most cases is the supervisory union.

(Grant specific Program Director and Subrecipient information will appear here on the actual letter.)

Please note that schools that have not had a program in place for the full school year may find that the grant for the upcoming year grant has been reduced because funds will be carried over from the 2009-2010 year. ADAP will notify you of any changes to the grant amount due to carry over. If no data has been received for a month or months, we assume that the program was not in place during that period and the funds are available to be carried over to the next school year.

All grant requirements of the current grant will remain in place for the upcoming year. Please refer to your FY10 grant, currently in effect, for more detailed information. The main grant requirements are outlined in the grant assurances.

I/we agree to provide the following information by the date provided:

1. The fiscal agent will provide Student Assistance Program budget, by school, including both revenues and expenses, for the 2009-2010 school year by 8/31/10. A sample format is attached. Send to: Anne Van Donsel, Vermont Department of Health, PO Box 70, Burlington, VT 05402-0070.
2. The Student Assistance Counselor for each school will provide completed Prevention Deliverables with accomplishments for the 2009-2010 school year. Please note that the planned prevention deliverables were included with the application for the 2009-2010 school year. This is to be completed prior to July 1, 2010. Send to: Anne Van Donsel, Vermont Department of Health, PO Box 70, Burlington, VT 05402-0070.
3. The Student Assistance Counselor for each school will provide all monthly and year end reports as outlined in the grant agreement. Specifically the Monthly Statistical Form and the Year End Tracking Form. These are to be sent to the address on the forms by the deadlines on the forms.

We agree to all conditions listed above as well as those included in the grant document for the 2009-2010 school year. Please note that all grants are contingent on the final budget appropriation.

Fiscal Agent Signature: _____ Date: _____

Fiscal Agent Name: _____ Title: _____

Program Director Signature: _____ Date: _____

Program Director Name: _____ Title: _____

Please send completed letter to: Anne Van Donsel, Vermont Department of Health, PO BOx 70, Burlington, VT 05402-0070 prior to MAY 1, 2010. Email questions to avandon@vdh.state.vt.us or call 802-652-4141. Please keep a copy for your records.

Sincerely,



Linda Piasecki, Operations Chief

Cc: Fiscal Agent/Subrecipient

Summary of Actual Revenues and Expenses – 2009-2010 Student Assistance Program

Grant: _____ Subrecipient: _____

Please complete this form for each school receiving SAP funds in the 2009 2010 school year. List the school name on the second line. You may use a different format as long as it is by school and includes all revenues and expenses for the program.

	School 1	School 2	School 3	School 4
School Name				
SAP Days Per Week				
SAP Counselor Name				
REVENUES				
ADAP SAP Grant				
Title IV				
DOE Tobacco				
MAC (EPSDT)				
VKAT/OVX				
Local/School/SU				
Other (specify)				
Total Revenues				
EXPENSES				
Personnel Salaries				
Personnel Benefits				
Professional Development				
Travel				
Contracted Services				
Overhead/Admin				
Other (specify)				
Total Expenses				

Please send the completed form by August 31, 2010 to: Anne Van Donsel, Vermont Department of Health, PO Box 70, Burlington, VT 05402

**Division of Alcohol and Drug Abuse Programs, Vermont Department of Health
Student Assistance Program**

FUNDING CRITERIA AND ASSURANCES

The Student Assistance Program counselor (SAP) will be licensed/certified in Vermont as required by Title 33 Section 805 and Title 33 Section 706b as any of the following:

- Apprentice Substance Abuse Counselor (ASAC)
- Apprentice Substance Abuse Counselor within 3 months of hire (if the SAP counselor position is vacant and currently under recruitment)
- Certified as an SAP Counselor (SAP)
- Certified or licensed as an Alcohol and Drug Counselor (CADC or LADC)

All SAPs will be available on the school premises for a minimum of two full days per week even if this grant funds only a portion of that time, unless an exception has been granted by ADAP.

All SAPs must document that they receive on-going clinical supervision and is also expected to participate in one or more of the following activities on a regular basis:

- Participation in a professional organization and attendance at meetings
- On-going clinical supervision
- Professional peer interaction
- Attendance at staff meetings of a substance abuse program approved by the State of Vermont.

The SAP is required to use all of the evaluation forms developed by the Vermont Association of Student Assistance Professionals. Forms are available at www.asap-vt.org. These forms may change from year to year and the most recent forms posted on the website must be used. Evaluation tool training is offered at no cost. Contact Debby Haskins for information at 456-1100 or asapvt@wildblue.net. **Please note by accepting these funds you are agreeing to provide ALL data required on the forms. The SAP counselor may need to request data for all students in the school for evaluation purposes.** If all required forms for the previous school year have not been completed correctly and received by July 30, the grant may be penalized by 25% for the grant year for which this agreement has been signed.

The SAP Counselor will attend the annual SAP Counselor training provided by ASAP of VT.

All invoices must be received at the Department of Health Division of Alcohol and Drug Abuse Programs within 60 days of the end of the grant period.

The grantee will allow ASAP of VT to perform site visits on behalf of the State and release the results to the ADAP. Site visits may include the school or schools, the subrecipient, and/or program director.

The SAP will collaborate with local treatment centers and other community substance abuse treatment and prevention resources.

The school will provide the SAP Counselor with a designated confidential private space that students can access. This space must include a locked filing cabinet and a telephone.

The SAP will not be responsible for or involved in school-based drug testing programs but may see students for prevention, follow-up, and screening activities after testing has occurred.

The SAP will focus on substance abuse prevention and intervention and may not be used for any other school functions.

The SAP must comply with 42CFR part 2.

The SAP will develop, maintain, and use the Student Assistance “Prevention Deliverables” available here <http://home.comcast.net/~asapvt/documents/web%20pd.pdf> for program planning.

An evidence-based substance abuse screening tool such as the GAIN SS or the CRAFFT will be used in evaluating students for referral for assessment.

Grantees will make reasonable accommodations for clients with special needs.

Grantees are prohibited from promoting the use of tobacco products. Facilities supported by State and Federal funds are prohibited from making tobacco products available to minors.

Funds may not be used for the following activities:

- To make case payments to recipients of services;
- To purchase or improve land, purchase, construct, or permanently improve any building or facility, or purchase major medical equipment;
- To satisfy any requirements for the expenditure of no-federal funds as a condition for the receipt of federal funds;
- To carry out any program of purchasing or distribution of needles or syringes to be used with illegal drugs as per section 245(b) of the Health Omnibus Programs Extension of 1988 (42 U.S.C. 300eee-5).

Please attach a current copy of the appropriate Alcohol/Drug Certificate; Alcohol and Drug Abuse or SAP Counselor Certificate; or VT License as an Alcohol and Drug Abuse Counselor for each counselor for whom you are seeking funds. (This documentation is required for eligibility under this program.) If the position of SAP counselor is currently vacant and/or under recruitment, the new-hire will have to obtain the apprentice level certificate within 3 months of hire in order to remain eligible for this funding.