

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

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

February 25, 2010

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.

<i>School</i>	<i>Total</i>	<i>Program</i>	<i>Admin</i>	<i>Training</i>	<i>Continue '10-'11?</i>	
					<i>Carryover</i>	<i>Yes</i> <i>No</i>
					<input type="checkbox"/>	<input type="checkbox"/>
<i>Total</i>						

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.

Subrecipient/Fiscal Agent

Check here if no changes:

Changes/Corrections

Federal ID:

VT Bus Acct #:

Fiscal Year July 1 to June 30

Program Director

Check here if no changes:

Changes/Corrections

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 802-652-4142. Please keep a copy for your records.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Piasecki". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Linda Piasecki, Operations Chie

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

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 budget form by August 31, 2010 to: Anne Van Donsel, Vermont Department of Health, PO Box 70, Burlington, VT 05402. An electronic copy is available here: <http://home.comcast.net/~asapvt/forms.htm> Add extra pages as necessary.