



Thank you for applying for the 2024-2025 tobacco use prevention education grant for your school.

Please answer all questions thoroughly, check all applicable boxes, upload your completed budget proposal below and sign this form prior to submission. Should you need more time to complete this document, entered fields can be saved, allowing you to return to finalize this application prior to submission. *As a reminder, vape detectors are not an allowable expense for this year's grant.* Applications will be scored on school/district need, the inclusion of restorative discipline practice, prospect of success, sustainability and grant application detail.

If you have any questions, please contact Kris Minard at kminard@mt.gov or 406.444.0785.

The grant application period will close at 11:59 pm on March 29, 2024. Successful applicants will be notified by April 26, 2025 and funds should be delivered by July 31, 2025.

District or School

District

School

Mailing Address

District/School Name

Mailing Address

City

State

Zip Code

Contact Information

First Name

Last Name

Position Title

Contact Email

Contact Phone

District Clerk Name

District Clerk Email

Grant Focused Student Enrollment

K-12

K-8

9-12

Check this box to give the OPI permission to release your school/district 2021 and 2023 YRBS data privately to the OPI Tobacco Use Prevention Education program to be included in this application.

I authorize

I cannot authorize

If you cannot authorize:

Authorization to release your school/district 2021 and 2024 YRBS data to the OPI Tobacco Use Prevention Education program is required.

Please enter the contact information of the district superintendent for OPI staff to contact for authorization.

District Superintendent
Name

District Superintendent
Phone Number

District Superintendent
Email

2022-2023 Average Tobacco Related School Discipline Referrals Per Month To Date

Please detail the procedure you currently follow when dealing with student tobacco/vaping infractions at school.

I affirm that if our district is awarded this grant, we will not utilize out of school suspension for a primary tobacco/vaping related student offense.

Yes, I affirm

No, I cannot affirm

If you do not have the authority to affirm that a student's first tobacco use violation won't result in **out of school** suspension, but would still like to apply for this grant, please connect us with someone who does have the authority. (We will add contact info boxes.)

If your school/district cannot exclude out of school suspension as a consequence for first time tobacco use, unfortunately this application cannot be considered for funding. If you have any questions or would like to discuss this further, please contact Kris Minard kminard@mt.gov or 406.444.0785

Please provide any additional details that support your school/district need for this grant.

What strategies will you employ to reduce student tobacco use in your school/district?

Who will be responsible for implementing these strategies? (List all responsible parties and their positions)

How will you measure success?

If successful or if this program shows potential for success, how will you sustain it?

Indicate the amount your school or district is requesting. (Up to \$10,000 per school or \$20,000 per district.)

Download and complete the [Tobacco Use Prevention Grant Budget Proposal](#) to indicate the breakdown and description of use for funds requested. Upload the completed form here.

(Don't forget to save your changes before uploading.)

Drop files or click here to upload

By signing this document, I commit to providing the OPI with required mid-year documentation by January 26, 2025 and end-of-year reporting documents by June 21, 2025 should our school/district be awarded this grant.

SIGN HERE

clear