

# Application to be submitted through Survey Monkey with uploads

## Contract Information

1. Name of contact person for application
2. School District
3. Name of School
4. Address
5. Name of Building Principal
6. Name of Superintendent
7. Name of Business Administrator
8. Name of Contractor (if services will be provided via contract)
9. Name of community-based prevention organization assisting with the application if applicable.
10. Contact person at community-based prevention organization:

## Demonstration of Need

1. Grades served in school applying
2. Student body population
3. Describe the need for implementing an Student Assistance Program in this school district and this school specifically: (use data from NH Youth Risk Behavior Survey National Survey of Drug Use and Health, County Health Rankings school-based data,
4. Describe the goal of the SAP program.

## History of Student Assistance Program in School District

1. What is the school's current approach for substance use prevention and mental health promotion?
2. How many years has there been a Student Assistance Program at this school?
3. Do you have an SAP counselor that has worked in your school and whom you would like to continue in the role?
  - a. If so, Name, qualifications
4. Has the school district included support for the Student Assistance Program Counselor in the budget for the 2022- 2023 school year?
  - a. Please provide details: sources, amount,
  - b. NOTE: If so please include that support in the budget plan below.
5. Please highlight some of the successes of the Student Assistance Program in the last year:
6. Please highlight any challenges of the SAP in the last year:
7. Provide data demonstrating contract compliance and ability to successfully implement SAP

**SAP Self Assessment - Please complete the Self Assessment and upload**



## Budget Request

Please upload

1. a detailed budget, including percent of cash and/or in-kind match that the school district will provide and an explanation of what funding sources and/or resources make up the match. Please note that:
  - the budget should indicate salary and wages for the SAP counselor and allowable hard costs such as travel, equipment (laptop, printer, desk, chairs, table), office supplies, printing for recruitment or events, light refreshments, indirect (occupancy, telephone).
  - if a school has an IRS approved indirect rate please provide documentation.
  - for all applications, indirect needs to be clearly defined.
  - all costs need to be associated with the implementation of the program and in service to the program.
  - program supervision, training, professional development, and the Community of Practice will be provided by The Network and other contracted providers.
  - if using a subcontractor, please also submit their detailed budget with the same requirements as above.
2. a description of the proposed staffing plan, that includes:
  - a. The number of hours a week and year dedicated to the Student Assistance Program in each proposed middle and/or high school,
  - b. the percentage to be covered by the funding request and other sources
  - c. The Student Assistance Counselor education and experience
  - d. School staff members that will be part of the SAP Team in addition to the Counselor.

## Signed Letter of Commitment

Please upload the signed letter of commitment

