

**Sonoma County Medical Association Alliance Foundation
Mini-Grant Application Form**

Submit this form and any attachments to safeschools@scmaa.org or mail to SCMAAF, PO Box 1388, Santa Rosa, CA 95402. Applications will be due Friday, October 14, 2011.

Project Title: _____ **Date:** _____

School: _____

Contact Person:

Name: _____ Position: _____

School: _____

Address: _____

e-mail address: _____

Total Funding Requested: \$ _____ **Specify costs below:**

_____	\$
_____	\$
_____	\$
_____	\$

Describe how this grant will foster violence and/or bullying prevention at your school. (If requesting matching funds for Safe School Ambassador training, please explain how the full training costs will be met.)

Describe how these funds will be used in coordination with other district-funded or site-based violence prevention programs.

Applicant: _____ Phone _____

Principal: _____ Phone _____

For Review Committee Use Only:

Date Received _____ *Date Reviewed* _____ *Recommended for funding:* ____ Yes ____ No