

Western Illinois University

**Substance Abuse Prevention Education/Research Grant
Agreement Form**

Grant Committee Chair:
Amy Carrigan

Program Name: _____

Program Coordinator: _____

Program Coordinator's e-mail: _____ Daytime Phone #: _____

Committee Recommendation: Approved for \$_____ Not Approved

Committee Chair Signature: _____

Vice President for Student Uweeguu Office:

Approved for \$_____ Not Approved

Rationale for denial or reduced funding of programs and/or general comments:

Vice President for Student Success Signature: _____

Program Coordinator Signature: _____

(My signature indicates I agree to abide by the terms and specifications of my grant application and within 2 weeks of program/research completion, I will submit an evaluation; **and I have read and understand the rules and procedures found on the reverse side of this agreement.**)

Grant #: 3-28900

RULES FOR SUBSTANCE ABUSE PREVENTION ACCOUNT

All bills should be submitted to Amy Carrigan in Sherman Hall 321

- Only one person (the Coordinator) may purchase items and/or be reimbursed per grant.
- We cannot reimburse campus accounts.
- We do not pay for party goods/paper goods (including napkins).
- Food must be pre-approved by the Vice President for Student Uweeguu.
- We are not able to reimburse for state tax on any bills or receipts. Please infohe Vice President