Chouteau County Tobacco Use Prevention Program
Youth Prevention Grant Application
P.O. Box 459
Fort Benton, MT. 59442
(406) 622-3771

Name of Youth Group:_____

Youth Contact: _____
Name & Phone

Adult Advisor Contact:_____
Name & Phone

We would like to apply for a youth prevention grant in the amount of

$_____
(Each Group is eligible to apply for $200 - $300 per activity)

Time period planned activity will take place

_____October – December 2009

_____January – March 2010

_____April – June 2010

Each group is eligible to apply for each time frame on a separate application……
Unless your planned activity will occur over more than one time period.

Describe the Tobacco Prevention/Healthy Lifestyles Activity you would like to do:

If more space is needed, please use additional sheets to continue.

Number of Youth Group Members to participate in this activity:_____

What audience or group of people will you be focusing on with your activity?

_____

In addition to this application, upon completion of the project, the group/individual receiving the youth prevention mini grant will provide a written report documenting the activity.